DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN First Middle Month Day Year (Type or Print) OF ESTI-Page DEATH MATED Apr.10 0 MARY 19 68 KATHERINE iny delay i 4. RACE 6. AGE (In years IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD DAYS Female White June 26,1966 9 15 1 10 1968 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED K Pages 1 form Berkeley Co. U.S.A1 WIDOWED DIVORCED Washing ton State after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Examiner's Office along with give street oddress) during most of working life, even if retired.) INDUSTRY with the 9 Hagerstown Item 18. Give 437 No. Mulberry Street death. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Washington Hagerstown odmission) STATE YES NO 437 No. Mulberry Street haurs land2 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Robert Lee Allen Frances Elizabeth = pages haurs Hopkins pencil 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no or unknown) (If yes give war or dates of service) Frances E. Allen-Hagerstown, Maryland File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a). This certificate shauld the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse sulcus un C farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) 0 writing SD removal, used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES TO NO T pe pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld shauld IDUR A.M. MEDICAL PRIMARY OR CONTRIBUTING CAL EXAMINER: crematian, 101968 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Tawa County Yaur factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE I Page , far 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian the funeral directar. death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE _ O DEPUTY 4-10-6 5 may 10 FUNE **EXAMINER'S** Edward W. Ditto111 NAME (Type) ADDRES (Stept tilly texts of settle) Hagerston, Md 23a. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Buria1 Rosedale Cemetery 1968 Martinsburg Berke 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Minuley Judge VR A15ME (5) DATE APR Home-Martinsburg.W.

MARYLAND STATE DEPARTMENT OF HEALTH

10M REV. 1/68

2b. HOUR

2d. HOUR

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

UCZ	469			ERTIFIC	ATE OF D	EATH				062	31
1. DECEASED-NAME (Type ar print)	First Lillian	1	Middle Minerva	Aı	Last nderson		2a. DATE OF	Aprinh	Day	9 1968	2b. HOUR
3. SEX Fema.1	.0	4. RACE Wh	nite		S. DATE OF BIRT		.0	6. AGE (In year last biobday)	YRS.	IF UNDER 1 YEAR MONTHS 22	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State country)	ar fareign 7	U.S.A	HAT COUNTRY?	B. MARRIED WIDOWED	NEVER MARRIE	נט	9. COUNTY OF Washi				М
10. CITY OR TOWN OF Hagerste		11. Ni give	AME OF HOSPITAL OF INS street address)	spita		12a. USUA during mo	L OCCUPATION	(Kind af wark life, even if reti	dane ired.)	12b. KIND OF E	BUSINESS OR Home
13a. USUAL RESIDENCE admission) STATE	(Where deceased laryland	lived, if institut 13b. COUNTY	ian: Residence before Washimgtor			ES NO		REET AND NUMB		d RFD	# 1
14. FATHER'S NAME	First	Middle	Last	15	. MOTHER'S MAID			Mid			Lost
Harry		L.	Heffner			A	nna		M	Di	ley
Yes, na, ar unknaw		or dates of service)	16b. SOCIAL SECURITY N 219-20-46		nformant r. Lleyo	L. A	nderso	Addin Keedy		le Md I	RFD #1
	DEATH (Enter anly ATH WAS CAUSED		ne far (a), (b), and (c).)		-1	2.1					ATE INTERVAL ISET AND DEATH
417		CAUSE (a)	njara	rn	90	an	~			62	in
Canditians, if an		DUE 10, OK /	AS A CONSEQUENCE OF	i	Cetie	~ A	rtu			64	-
rise to immedia		DUE TO, OR A	AS A CONSEQUENCE OF	uli	retu	_ C	v d	nu		a,	16
Ch	SIGNIFICANT COND	TIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL C	DISEASE ORC	ONDITION GIVE	N IN PART 1(a)			
19a. DATE OF OPE	RATION 19b. CO	INDITION FOR WH	ICH OPERATION WAS PER	RFORMED	20a. AUTOPS	Y?		YES, WERE FIND OF DEATH?	INGS COI	NSIDERED IN CEI	RTIFYING
₹ □ OR CONTRIBUTING	WAS UNDERLYING CAUSE OF DEATH medical examine	21b. TIME OF HOUR A.M. P.M.	FINJURY Manth Day Year 19		OW INJURY OCCUR	RRED (Enter	nature af inju	ry in Part 1 ar P	art 2, Ite	em 18.)	
While Not w	rark		(AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		OCATION Street of			ar Tawn	s E	Caunty	State
saw the	deceased aliv	e on	(did not) view the b	966 on	d that in (mv)	, 19 <u>/</u> (our) opii	ion death o	occurred on t	he date	e and hour a	(I) (we) las
22b. SIGNATURE	12	Pa	May	2 DEGR	ATTENDING PHYS.		ED. RECTOR	STAFF PHYS.	22c. D	ATE SIGNED	, 1466
22d. PHYSICIAN'S NAME (Type		PA	cken s	In	22e. ADDRE	1.1	s = m 10	toren	V	nd	

23c. NAME OF CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in a director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papels, should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 has VR A15 (4) 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haw

Page 4 may be retained by the hospital ar attending physician.

death.

23a. BURIAL, CREMATION, BOND VAL (Specify) April 11-68 Greenlawn Cemetery FUNERAL DIRECTOR ADDRESS

Albert L. Leaf Williamsport Maryland

23b. DATE

2Sq. REC'D BY REGISTRAR

B. LOCATION (City or Town) (County) Washtote)
Williamsport, Maryland

1968

23d. LOCATION (City or Town)

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FOR STATE HEALTH DERT. ny delay is ond 3 to 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm DICAL EXAMINER: This certificate should be executed within 24 hours ofter death. Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

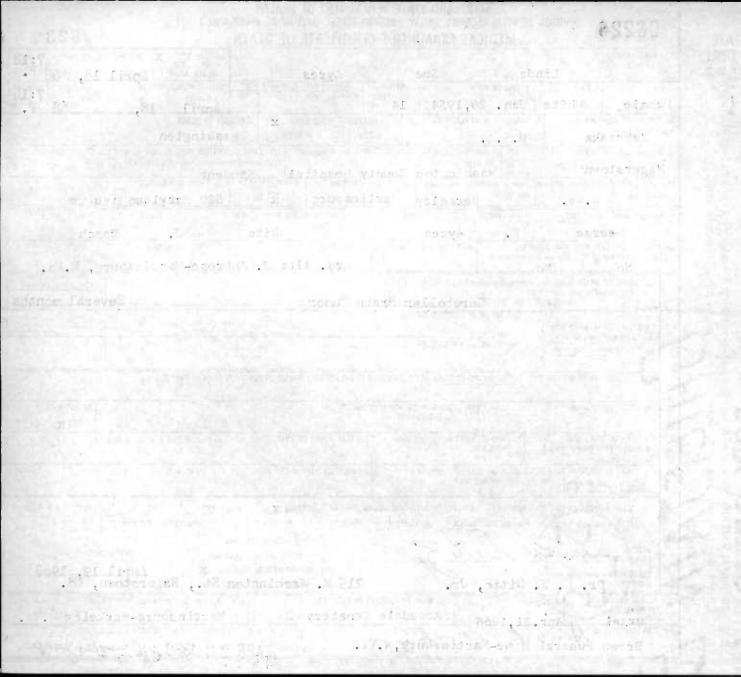
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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0046	U	MEDIC	CAL EXAMINER'S	CERTIFICAT	E OF DEATH		06232
1. DECEASED-NAME (Type or Print)	First Lir	nda	Middle Sue	Lost Ayre		O. DATE KNOWN MON' OF ESTI- DEATH MATED ADY	15+4
3. SEX Female	4. RACE White	S. DATE OF BI	RTH 6. AGE (In y	egrs IF UNDER 1 YEAR Dy) MONTHS DAY	IF UNDER 24 HRS. 2	c. DATE PRONOUNCED DEAD Month Doy	Yeor 7 14
	1		6,1954 14	YRS.		April 18,	1968 P. A
7o. BIRTHPLACE (Sto	te or toreign	b. CITIZEN OF WI		MARRIED NEVER	444.0	TY OF DEATH	
country)Nebra		U.S.A.				shington	M.
10. CITY OR TOWN C			AME OF HOSPITAL OR INSTITU street oddress)	JIION (It not in hospi		IPATION (Kind of work don vorking life, even if retired	
Hagerst	own	Wa	shing ton Cou	nty Hospi	13d. INSIDE CITY LIMITS?		
odmission) STAT	ICE (Where deceose	101 COUNTY	/				
				rtinsburg		820 Maryland	
14. FATHER'S NAME	First	Middle	Lost	1S. MOTHER'S		Middle	Lost
	orge	E.	Ayres		Rita	J.	Hosch
160. WAS DECEASED E	VER IN U.S. ARMED F wn) (If yes give v		16b. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No.	No			Mrs.	Rita J. Amb	rose-Martins	burg, W.Va.
			ine for (o), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1.	DEATH WAS CAUSED	BY: TE CALLSE (a) (erebellar Br	ein Tumor			Several months
238	/		AS A CONSEQUENCE OF				
Conditions, if	ony, which gove	(b)					
	diote couse (o), (AS A CONSEQUENCE OF				
last.)	(4)					
PART 2. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT NOT RELA	ATED TO THE TERMINA	L DISEASE OR CONDITION	GIVEN IN PART I(o)	
237	X						
190. DATE OF	OPERATION		19b. CONDITION FOR WHICH	OPERATION			20. AUTOPSY?
PEC			WAS PERFORMED?				YES NO
210. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY Month, Day, Year	21c. HOW INJURY	OCCURRED (Enter noture	of injury in Port 1 or Port :	
	OR CONTRIBUTING		M. 19		``		
PRIMARY CAUSE OF DEA			At home, form, street,	21f. LOCATION Str	eet or R.F.D. No.	City or Town	County State
WHILE		tory, office building					
		1.1. 0	1 1 1 1	L			
			he remoins described a			ectian , Inquiry	
death r	esulted fram:	Natural cau	ses 🗷 , Accident	J, Suicide [_]	, Hamicide,	Undetermined mann	er 🔲
ACTUAL	15	2/1	H-		CHIEF MEDICAL EXAMINER		
SIGNATURE .	to la	1/1	eva Je	-III.D.	ASSISTANT MEDICAL EXAMI	INEK	ATE SIGNED
EXAMINER'S NAME (Type)	Dr. E. W	. Ditto	Jr.		DEPUTY MEDICAL EXAMINE	Apı Stugy) Hagerst	ril 19, 1968 town, Md.
230. BURIAL, CREMA	ATION, 23b.			TERY OR CREMATORY	23d. L	OCATION (City or Town)	(County) (Stote)
REMOVAL (Spe		.21.196	Rosedale	Cemetery	,	Martinsburg-	Berkeley W.Va.
24. FUNERAL DIREC	TOR AND	rkd K	Brown ADDRESS		2So. REC'D BY REGIS		
Brown	n Funeral	Home-M	artinsburg, W	·Va.	DATE APR 9	2 1968 WC	liantes Judge

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06227 06233 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR Middle Lost 1. DECEASED-NAME First (Type or print) 68Year 5:10pm Baechtel 1 600y Goldie Marie IF LINGER 1 YEAR IF LINGER 24 HRS. 4 RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX Gast birthdoy) Oct 11. 1900 white female attending physician and white to be papers. Posermit. Then please remove corban papers. Posermit. 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Washington Md. USA WIDOWED A DIVORCED | PHYSICIAN: The law requires that the death certificate be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR dwing mest of working life, even if retired.) Mysurance egerinet oddress berry Ave. Hagerstown 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 917 Mulberry Ave. YES 🗶 NO T Md. wash. Hagerstown 15. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Middle Lost Ella Mae Spessard George P. Houser 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (If yes give war or dates of service) Yes, no, ar unknown) 219-46-1101 Carroll L. Baechtel, Newark, Dela. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-tronsit rise to immediate couse (o), signed by 1 DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2_OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL-DISEASE OR CONDITION GIVEN IN PART 160 TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗌 Health 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY far OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County Stote While Not while 22a. I certify that (i) (this haspital) attended the deceased from 1, 19, ta 19, ta 19, that (i) (we) last saw the deceased alive an 19, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an 15 causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS 1135 Potomac Avenue Hagerstown, Maryland Richard T. Binford, M. D. director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE 23o. BURIAL, CREMATION, PEMOYAL (Spenify) Hagerstown, Md. 4/19/68 Rest Haven Cemetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR

DATE APR

Minnich Funeral Home Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME 20. DATE KNOWN Manth Year My Burn (Type or Print) CURTIS 68 12:0 LEE BAER DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d HOUR pup July 30,1920 47 YRS 196812:30 Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Washington WIDOWED [DIVORCED Maryland
10. CITY OR TOWN OF DEATH after deoth 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) Railroad Tracks during most of working life, even if retired.) INDUSTRY Weverton Railroad Give Brakeman with 13d. INSIDE CITY LIMITS? 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13b. COUNTY Washington Sandy Hook Maryland Main Street land 2 Item 1 after 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME Ollie Osborn Baer Emma May Barnhart haurs .⊑ pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANTMrs. Luella Baer Baer 16b. SOCIAL SECURITY NO. pencil (Yes. na. or unknawn) 214-14-6347 RFD# 2. Knoxville, Md. APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH urial-transit permit. 4 shauld be farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: "pending" IMMEDIATE CAUSE (a) Crushing injury of abdomen and chest Sudden DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), writing the word any certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 0 used 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION WAS PERFORMED? NON YES 🗔 pe 21b. TIME OF INJURY Month, Dov. Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 3 shauld HOUR A.M. PRIMARY TOR CONTRIBUTING DICAL EXAMINER: 4/2/168 Derailment of railroad cars crushing CAUSE OF DEATH 2 : 0 OP.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town the vication. WHILE AT WORK AT WORK B&O R.R. Tracks Washington Co. Weverton, Maryland the funeral directar. Page 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry | and in my opinian death resulted from: Natural causes , Accident X, Suicide , Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4/4/68 DEPUTY MEDICAL EXAMINER | 5 may 170 FUNE Howard N. Weeks, M. D. ADDRESS(Street, city, town, or county) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Brownsville, Wash. Md. Burial 2Sb. REGISTRAR'S SIGNATURE

Sale White July 30,1020 47 115 at 1 w

Neverson 3. & C. Reilroad Tracks Drainen Hailroad

Mary lond ... Washington sandy slows X ... Main Street

ollie Osborn Baer Howard Hoy Barnhort Horist

TADRET ELGENT NOTE 2, Knoxville, Md. 21750

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIEICATE OF DEATH

		0020		CERTIFICATE OF	DEATH		36%	37
TO PO		ECEASED-NAME First (Ype ar print)	Middle	Last	2o. DATE	OF DEATH Month Day		2b. HOUR
the fune oges 1 a	3. SE	X MALE	4. RACE BLACK	BAKER S. DATE OF B MAY 2	IRTH 2 1900	6. AGE (In years lost birthdoy)		F UNDER 24 HRS. HOURS MIN.
pers. Pour	100)	MARYLAND	b. CITIZEN OF WHAT COUNTRY?		RCED WASH	INGTON		Md
completely filled ove corban papery event, within 7	Н	AGERSTOWN MD	11. NAME OF HOSPITAL OR IN:	COUNTY	during most af working	N (Kind of work done ng life, even if retired.)	12b. KIND OF BU INDUSTRY	SINESS OR
remove corban	13a. adm	USUAL RESIDENCE (Where deceosed ission) STATE MD	lived, if institution: Residence befare	HANCOCK		STREET AND NUMBER	ST.	
inony	14. (ATHER'S NAME First CHARLE	Middle Lost	IS. MOTHER'S M	NETTIE	Middle	MYER	Last
ol, and	16a. Y	WAS DECEASED EVER IN U.S. ARMED	D FORCES? or dates af service) 16b. SOCIAL SECURITY		J BAKER 13	Address 2 E. MAIN		MD.
ormit. Then please		PART I DEATH WAS CAUSED F	one cause per line for (a), (b), and (c). BY: CAUSE (a)		soucho pro	umoria	APPROXIMAT BETWEEN ONSE	E INTERVAL
rronsir permit. Then please remove corban papers. Pages I cremotion, or removol, and in ony event, within 72 hours after		5900 Conditians, if ony, which gove rise to immediate cause (o), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	2	vienes.	0	3 M	us
burial, burial,		PART 2. OTHER SIGNIFICANT CONDI	(c)	OT RELATED TO THE TERMINA	CONSTRAINT OR CONSTITUTION GIVEN	/EN IN PART I(a)		
Heolth prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTO	CALIS	IF YES, WERE FINDINGS CO ES OF DEATH?	DNSIDERED IN CERT	IFYING
of Heoli	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner	HOUR A.M. Manth Day Year		CURRED (Enter noture of in	jury in Port 1 or Port 2, I	tem 18.)	
State Dept.	ME	21d. INJURY OCCURRED 21e. PL While Nat while at work of wark	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street	et ar R.F.D. No. (i	ty ar Town	County	Stote
the Stat		22a. I certify that (I) (this saw the deceosed aliv couses stoted obove,	haspital) attended the decease re onl (I) (we) (did) (did not) view the	ed fram 9, and that in (m body after death.	, 19, ta_ ny) (aur) apinion death	accurred on the dat	, that (I te ond hour an) (we) lost d from the
ed with		22b. SIGNATURE	Imyhue!	DEGREE PHYS.	DIRECTOR L	STAFF PHYS.	ATE SIGNED	
or, poge 3 should d be filed with the		22d PHYSICIAN'S NAME (Type) John	J. Donoghue, M	.D. 22e. ADI	DRESS			
Should			1E 23c. NAME OF 9.68 FAIRV	CEMETERY OR CREMATORY	RURAL	TION (City or Town) CUMBERLA	ND ALLE	(Stote) MC
A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS Howard Of		2So. REC'D BY REGISTRAR	1968 REGISTRAR'S	SIGNATURE Que	42

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	an Agresi Lorock Bush		r	n n e

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 6236 2a. DATE OF DEATH APRIL Month 7 First Middle 1. DECEASED-NAME Last after death. Doy 1 96 Bar BAKER (Type or print) ROY **EDWARD** 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) WHITE MALE 2/17/1897 low requires that the death certificate be executed within 24 hours signed by the ottending physician ond completely filled integrals burial-tronsit permit. Then pleose remove carbon papers. Pagburial, cremation, or removal, and in ony event, within 72 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED WASHINGTON PENNSYLVANIA U.S.A. WIDOWED DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 1D. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done CO. HOSPITAL durRETTERMED OLER (Ketired.) HAGERSTOWN 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNWASHINGTON HAGERSTOWNES X 1024 PENNSYLVANIA AVE. 14. FATHER'S NAME First Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost REISHER ELLA RUSH BAKER HAGERSTOWN 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes no or unknown) MD. MRS. GENEVA A. BAKER 705-10-6220 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY liver (prolable) Carcinoma IMMEDIATE CAUSE (a) Canditians, if any, which gave Hernochrouso rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been Page 4 may be retoined by the hospitol or attending os the of Heolth prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION CAUSES OF DEATH? YES [NO 🗗 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) director, page 3 should be detached shauld be filed with the Stote Dept. of (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 11-22, 19 1940 to 4-7, 1968, that (I) (we) last saw the deceased alive an 4-61968, and that in (my) (vor) apinian death accurred an the date and haur and from the 4-7, 1965, that (I) (we) last causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING Volus St. Stam Ga brom MORGREE 4-8-63 DIRECTOR PHYS. 154 West Washington St. 22d. PHYSICIAN'S 22e. ADDRESS John H. Hornbaker, M.D. NAME (Type) Hagerstown. Nd. 23d. LOCATION (City or Town) (County) (State) FRANKLIN 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION CHAMBERSBURG REMOVAL STEATY 4/9/68 CEDAR GROVE CEM. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68

Carrier & Marian Allendar * /1:/1. CONTRACTOR OF THE PROPERTY OF

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		062	31			CERTIF	ICATE OF DEA	TH			J 0	231
		CEASED-NAME Ype or print)	First Nel	le	Middle Belle		Beard	2a. D	Apri Month	7 Day	1988	2b. HOUR 6:OOP
	3. SE			4. RACE			S. DATE OF BIRTH		6. AGE (In	years	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS
		Female		Whit			August 30		lost birthe	YRS.	7 7	
1	70. E	BIRTHPLACE (States	foreign	7b. CITIZEN OF W			ED NEVER MARRIED		ITY OF DEATH			
	Ro	ckingham	Co.		S. A.	WIDOW			ashingto			
7	H	ity or town of DEA		give	IAME OF HOSPITAL OR IN street address) Vashington	Co. I	Hospital dur	o. USUAL OCCUP ring mast of w Housew	ATION (Kind of wa arking life, even if	rk dane retired.)	12b. KIND OF INDUSTRY Own I	F BUSINESS OR Home
	13a. admi	usual Residence (W ssign) STATE laryland	here deceas	led lived, if institution 13b, COUNTY.	ntion: Residence before			NO NO	13e. STREET AND NU			
I	14. f		First	Middle	Lost		15. MOTHER'S MAIDEN N			Middle		Lost
1		Fr	ank		Dorman			Ell	a		Milten	berger
Ī	16a.	WAS DECEASED EVER		MED FORCES? var or dates of service)	16b. SOCIAL SECURITY		7. INFORMANT	6		Address	Md.	
1		es, no or unknown)	(ii jos givo v	or or other or service)	220-30-76	522 1	Mr. A. Blair	r Beauc	hamp, 9 1	N. Ma		
		18. CAUSE OF DEAT	H (Enter on	ly one cause per l	ine for (1), (b), and (c)).)		0				ONSET AND OEATH
1		PART 1. DEATH	WAS CAUSE	D BY:	Jubar	sens	sis hem	onta	te.		-	ay,
1		430	. ()		AS A CONSEQUENCE OF		0					1
1		Conditians, if any, v		0.5	E	neu	Aire h	7/w	1 eussin	1000		
		rise to immediate stating the underly		DUE TO, OR	AS A CONSEQUENCE OF			11				
1		last.)	(c)				V		-		
		PART 2. OTHER SIGN	IFICANT COI	NDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATE	TO THE TERMINAL DISEA	SE OR CONDITIO	N GIVEN IN PART 1(a)		Po IIV
	2	330 X	Hoe	uo-ca	icies ma	- of	ento Bo	reast				
2	CERTIFICATION	19a. DATE OF OPERAT			HICH OPERATION WAS PI		20a. AUTOPSY? YES		20b. IF YES, WERE I CAUSES OF DEATH?	INDINGS CO	ONSIDERED IN C	ERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify me	CAUSE OF OEAT	HOUR A.M.	Manth Day Year		. HOW INJURY OCCURRED	(Enter nature	af injury in Port 1	or Port 2, I	Item 18.)	
	ME	21d. INJURY OCCURI While Not while at work at wark	RED 21e.	PLACE OF INJURY			LOCATION Street or R.F		City ar Town		Caunty	State
		22a. I certify the sow the de causes sto	not (I) (the eceased of ted obove	is haspitol) at live an e, (I) (we)(did	tended the deceos	ed from. 19 <u>68</u> , body aft	and that in (my) (au er deoth.	, 19 <u>60</u> , 1 ir) apinion d	eoth occurred a	, 19_ in the da	6 %, thoute and haur	t (I) (we) I and from t
		22b. SIGNATURE	uf	luous	and	D	EGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. [DATE SIGNED	968
		22d. PHYSICIAN'S NAME (Type)	Jose	PH SE	CONDAI	ट।	22e. ADDRESS	800 NS	Boro A	rd.	21713	
1	23a.	BURIAL, CREMATION, PEMOVAL (Specify)	23b.	DATE - 10- 68			or crematory Cemetery		OCATION (City or To		(Caunty)	(Stote) Md.
3	24.	FUNERAL DIRECTOR			ADDRES		2Sa. F	REC'D BY REGIST	RAR 2Sb. RI	GISTRAR'S	SIGNATURE	1
	Jo	hn H. Bas	t. Jr	. 112 N.	Main St.	Boons	sboro Md DATE	APR	5 19158	in	arces)	* work

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune all director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after deat

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film 400 5-15-MARYLAND STATE DEPARTMENT OF HEALTH

The SAMON SERVICE SHIP OF THE PROPERTY OF THE

illness the DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Thhuout this patient was attended by Dr. . Adson MoodyCERTIFICATE OF DEATH

56239

1. DECEASED NAME 20. DATE OF DEATH	2b. HOUR
(Type or print) WARREN THEADORE BERGUM April 15 19	968 Yeor 4.30 M
3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In year	S IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White gept 30 1914 (53)	YRS. DAYS HOURS MIN.
	TR3.
76. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED 9. COUNTY OF DEATH COUNTRY)	
Tillanois USA WIDOWED DIVORCED Washingto	
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if reting the street oddress)	done 12b. KIND OF BUSINESS OR INDUSTRY
Hagerstown Washington County Hosp during most of working life even if reting	Fairchild
130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER COLLECTION OF THE PROPERTY LIMITS?	
odmission) STATE and 13b Washington Hagerstown YEST NO 124 Rando	lph Ave
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	fle Lost
Dr O.T.Bergum Elizabeth	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Addr.	ess
Yes, no or unknown) (If yes give war or dates of service)? 08-07-3896 Mrs Bertha N. Bergum 12	4 Randolph Ave
	APPROXIMATE INTERVAL
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Ventricular fibrillation	Minutes
/ IMMEDIATE CAUSE (0)	
4/09 DUE TO, OR AS A CONSEQUENCE OF Myocardial infarction	3 days
Conditions, if ony, which gove rise to immediate couse (o), (b) Arteriosclerotic heart disease	Indefinite
stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
lost. 42 0 1 (t)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
Obesity, exogenous, severe	
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDI	NGS CONSIDERED IN CERTIFYING
¥ES ▼ NO CAUSES OF DEATH?	
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH	ort 2 Item 181
G OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor	2,
(If either, notify medical examiner) — P.M. — 19 — 19 — 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) While Not while of the street of the s	County Stote
22a. I certify that (1) (this haspital) attended the deceased fram 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 19, that (I) (we) last
saw the deceased alive an 12-68 19, and that in (My) (aur) apinian death accurred an the causes stated abave (M) (we) (Md nat) view the bady after death.	te date and haur and tram the
22b. SIGNATURE	22c. DATE SIGNED
ATTENDING MED STAFF	
	4-15-1968
PHYSICIAN'S NAME (Type) Robert F. Keadle, M. D. 22e. ADDRESS Hagerstown, I	/Id
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town	
Bullian (Specify) 4/18/68 Rest Haven Gemetery Hagerstown	Wash Co Md
24. FUNERAL DIRECTOR Hagerstown Md. ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTAN	TRAR'S SIGNATURE
Andrew K. Coffman Funeral Home Inc DATE APR 18 1968	marked husby

TO FUNERAL DIRECTOR: After this cerificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior ta buriol, cremation, or remavol, and in any event, within 72 loa VR A15 (4) 30M REV. 1/6

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or ottending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED-NAME Fire Steel	si phanie	Middle Catherin	е Во	den		DATE OF D Apri		68 Year	2b. HOUR
3. SE	x female	4. RACE wh	ite		S. DATE OF BIRTH April 5	, 196	8	b. AGE (In years last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
M.	BIRTHPLACE (State or foreign by land	7b. CITIZEN USA	OF WHAT COUNTRY?	WIDOWED		W		EATH ngton (ind af wark dane	12b. KIND OF	Md
H	agerstown		wa shi ffigton	CO .	Hospital		erking lif		industry	e
adm	USUAL RESIDENCE (Where decensission) STATE Md.	13b. COU	Wash Wash	Hage	rstownYES	NO 🗌		Englew	ood Ro	
14.	FATHER'S NAME First Rober	Mid t	Boden last	1	S. MOTHER'S MAIDEN NA Clai:			Middle Sa	allade	Last
16a.	(es no ar unknawn) (If yes give	RMED FORCES? we war ar dates of serv	none		INFORMANT Obert Boo	den	Hag	Address erstown		
W. W.	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME Canditians, if any, which gav rise ta immediate cause (a stating the underlying caus last.	SED BY: DIATE CAUSE (a) DUE TO	OR AS A CONSEQUENCE OF , OR AS A CONSEQUENCE OF	my 1	typline 1	renb. patibi		· Combs +		MATE INTERVAL MISET AND DEATH Chas
CERTIFICATION	7730 -	CONDITIONS CON			T RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS C YES NO CAUSES OF DEATH?				ONSIDERED IN CI	ERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLING CAUSE OF DE (If either, notify medical exa 21d. INJURY OCCURRED 2 While Nat while at wark at wark	MEATH HOUR	0.11	9	OW INJURY OCCURRED OCATION Street at R.F.			in Part 1 ar Part 2, r Tawn	Item 18.) Caunty	State
	220. I certify that (I) (saw the deceased causes stoted abo 22b. SIGNATURE 22d. PHYSICIAN'S	2 (We)	(did) (did not) view the	bady after	REE ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTO	R 🗆	STAFF 22c.	DATE SIGNED / G	
	BURIAL, CREMATION, 23	hard 1 b. DATE 4/6/68	A. Young M	CEMETERY OF			LOCATION	(City or Town)	(Caunty)	(State)
24.	FUNERAL DIRECTOR Minnich Fun		ADDRESS	5	2Sa. R	APR 9	ISTRAR	25b. REGISTRAR'S		ege.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filted in by the funeral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon popers. Poges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician. VR A15 (4) 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	DECEASED-NAME (Type ar print)	First Sara	L	Middle ynn	BRA	last AGDON		20. DATE C		28°, 1	886	2b. HOU 5:15	R P
3. :		4	4. RACE White			S. DATE OF E			6. AGE (In years lost bizthday)	MONTH	DER I YEAR	IF UNDER 24 H	IRS. AIN,
_	emale				10	CA	h 13,			YRS.			
70. cou	BIRTHPLACE (State or fontry) Virgini	oreign 7b.	CITIZEN OF WHAT	COUNTRY?		NEVER MA		9. COUNTY O	of DEATH Shingtor	0			
_			USA	OF HOSPITAL OR IN	WIDOWED [RCED						Md
Н	CITY OR TOWN OF DEAT	n	wast		Coun	ty Ho	spduring m	None None	N (Kind af wark d g life, even if retire	ad.) IN	DUSTRY NO 1	ne ne	
13o adr	. USUAL RESIDENCE (WH West ^{rat} virg	ere deceosed I	ived, if institution: 13b. COUNTY Jef	Residence before	13c. CITY OR Bakes	rton	13d. INSIDE CITY &		STREET AND NUMBER	₹			
14.		ett El	Middle lis Bra	agdon		M		ane Vi	inyard			Lost	
160	yes, po, or unknown)	N U.S. ARMED (If yes give war or	dates of service)	None					Bragdome est Va.	254	110		
	18. CAUSE OF DEATI	(Enter anly o	ne couse per line f	or (o), (b), and (c)).)							VATE INTERVAL	
	PART 1. DEATH V	VAS CAUSED BY IMMEDIATE (: R	espirato	ry arre	est						inute	s
	last. PART 2. OTHER SIGNI)	(c)	CONSEQUENCE OF		THE TERMIN	AL DISEASE OR	CONDITION GIV	'EN IN PART 1(a)				
TION	19g. DATE OF OPERATIO	ON 119b. CON	DITION FOR WHICH	OPERATION WAS PE	FRFORMED	20o. AUT	OPSY?	[20b.	IF YES, WERE FINDIN	IGS CONSIDI	FRED IN CE	RTIFYING	
CERTIFICATION	4-16-68		in tumor			YES		CALIC	ES OF DEATH?				
EDICAL CERT	OR CONTRIBUTING (If either, natify med	UNDERLYING CAUSE OF DEATH ical examiner)	21b. TIME OF IN. HOUR A.M. A P.M.	JURY Month Doy Yeor	9	OW INJURY O	CURRED (Ente	r noture of inj	ury in Part 1 ar Pa				
W	21d. INJURY OCCURR While Nat while at wark at wark	D 21e. PLA	CE OF INJURY (AT	HOME, FARM, STREET, FA ICE BUILDING, ETC.	ACTORY,) 21f. LO	CATION Stre	et ar R.F.D. No	o. Cit	ty ar Town	Cau	unty	Stote	
	22o. I certify the	at (I) (this h	ospitol) ottend an 4=) (we) (did) (did	ed the deceas •20⊶68 d nat) view the	ed from 19, and body after o	4-14-6 I thot in (n leath.	08, 19_ ny) (aur) api	, ta inion death	4-20-68 accurred an th	3 19 e dote or	, that nd hour c	(I) (we) and from	ast the
	22b. SIGNATURE	50	Zidul	9-1-1-	DEGR	ATTEND	ING XX 6	MED.	STAFF PHYS.	22c. DATE S		1968	3
	22d. PHYSICIAN'S NAME (Type)	Α.	F, ABDUI						t., Hage	rstow			
230	BURIAL (REMATION,	23b. DATE	3/68		CEMETERY OR		emeter		10N (City or Town)		unty)	(Stote)	
24	FUNERAL DIRECTOR /	1 4/10	A A					BY REGISTRAR	OCI PEGICE	DADIC CLONIA	TUDE		
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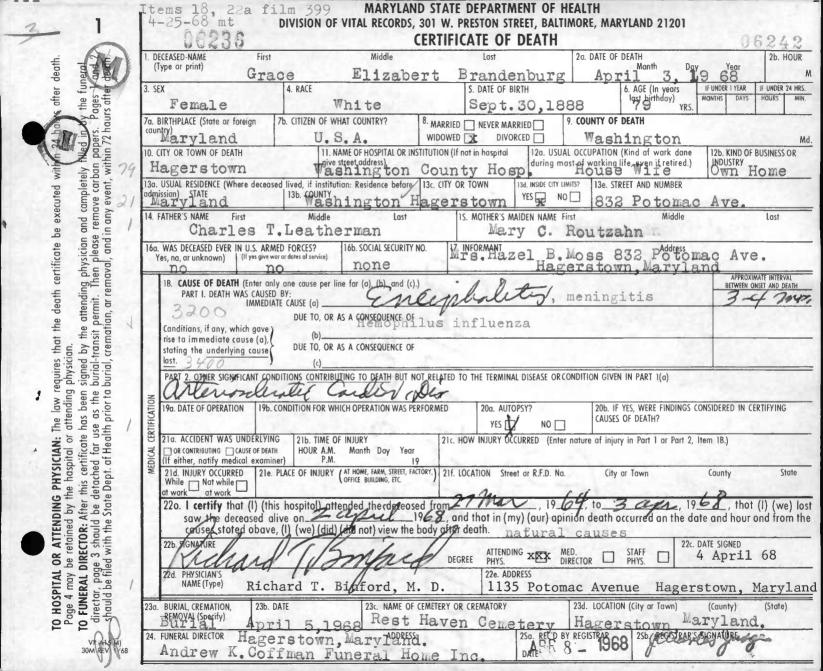
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by ms. A cape director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages X-cape should be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs. al Page 4 may be retained by the haspital ar attending physician.

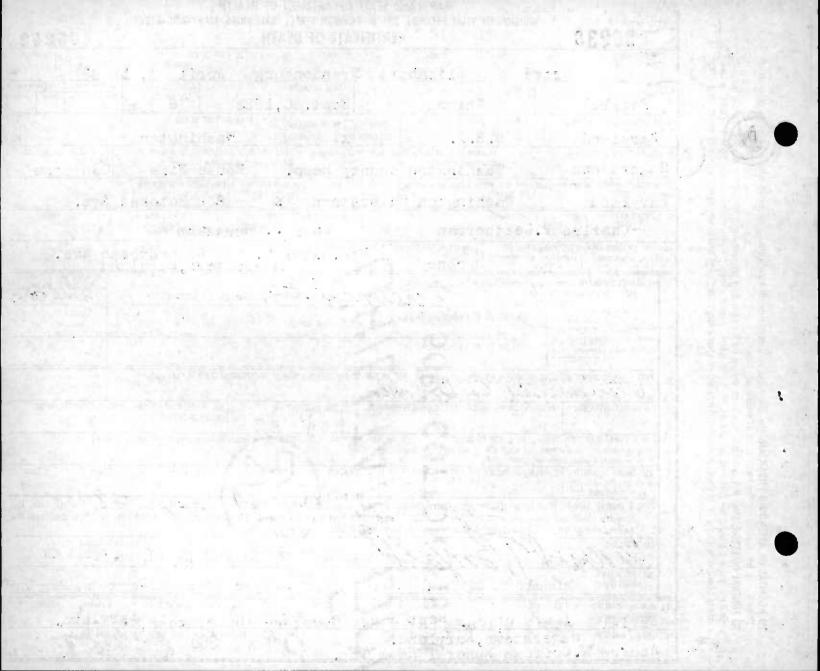
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Lost

State

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH Month 4 (Type or print) DAISY Day GERTRUDE BROOKS within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 9.27.05 (est Dirthdoy) 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED Filled in papers. WIDOWED X DIVORCED MARNLAND U.S.A. WASHINGTON 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind af wark done 10. CITY OR TOWN OF DEATH requires that the death certificate be executed within during most of working life, even if retired.) attending physician and campletely f permit. Then please remave carban HAGERSTOWN MD COUNTY event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO V HANGOCK URAL and in any 14. FATHER'S NAME Middle Middle Last IS. MOTHER'S MAIDEN NAME First ANNIE B MUNSON MILLARD F BISHOP 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) (If yes give war or dates of service) or removal, EONARD B BISHOP RURAL 1 HANCOCK MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gove) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE O stoting the underlying couse DISEASE OF CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL as the has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES [NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor be retained by the haspital (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceosed from. ond that in (my) (our) apinion death accurred on the date and have and from the saw the deceosed alive an_ couses stated above, (I) (we) (did) (did nat) view the body ofter deoth 22c. DATE SIGNED 22b. SIGNATURE/ ATTENDING STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) John hue

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) MD. REMOVAL (Specify) 4.11.68 OLIVET RURAL HANCOCK WASHINGTON ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

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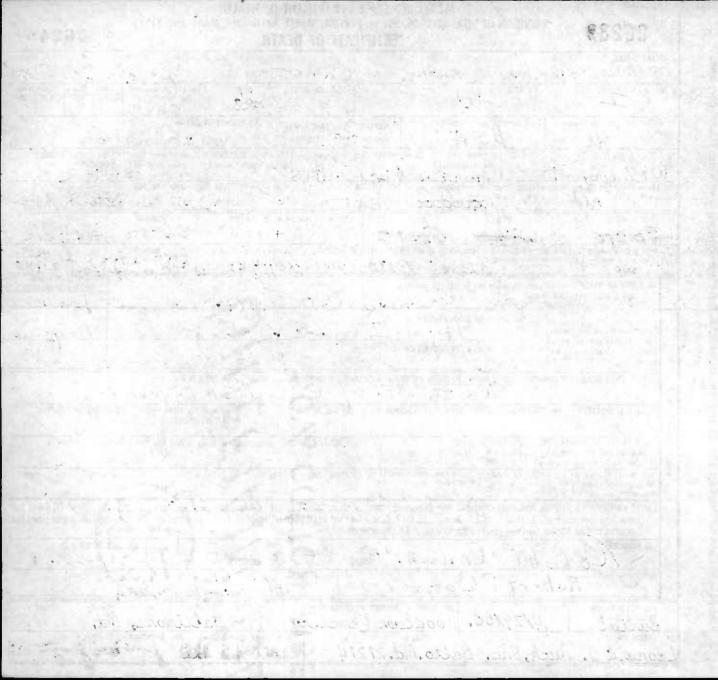
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

ender #			vne or print)	first Middle	h Christ	20. DATE OF DEATH Month	Day Year 5.50P M
y the fum Pages Tours affer d		3. SE		4. RACE W	S. DATE OF BIRTH 9-5-	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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physicic en pleo ovol, ar			no	give wor or dates of service) 2/3 -05-	73380 markeller	quer Wicosa	Ave fort 21795
ne death certifi attending phy permit. Then ion, or removo			PART I. DEATH WAS CAL	er anly ane cause per line far (a), (b), and NUSED BY: MEDIATE CAUSE (a)	10- 16	seon	BETWEEN ONSET AND DEATH Lagrage
that the death certificate be executed ion. by the attending physicion and completransit permit. Then please remove co cremotion, or removol, and in any even			Conditions, if ony, which gar rise ta immediate cause (a stating the underlying cou	a),((b)	expensive CV	Diso	10 years
requires g physic n signed e buriol			PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE C	DRECONDITION GIVEN IN PART 1(a)	ne
The law rootending hos been se as the th prior to	Х	CERTIFICATION	19a. DATE OF OPERATION 1	19b. CONDITION FOR WHICH OPERATION WA	S PERFORMED 20a. AUTOPSY? YES NO	CAUSES OF DEATHS	S CONSIDERED IN CERTIFYING
ICIAN: The pital or of trifficate had for use of Heolth		MEDICAL CER	21a. ACCIDENT WAS UNDERI ☐ OR CONTRIBUTING ☐ CAUSE OF (If either, notify medical exc	F DEATH HOUR A.M. Month Doy Y P.M.	eor 19	nter nature of injury in Port 1 or Part	2, Item 18.)
G PHYS the hos this ce detache te Dept.		W	While Nat while at wark	21e. PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.			County State
TENDIN ined by OR: After ould be the Stot			saw the deceased	(this haspital) attended the dece d alive an sove, (I) (we) (did (did not) view t	eased from 3 - 2 , 19 19 6 , and that in (my) (our) o he body after death.	apinian death accurred on the	date and hour and from the
OR AT be reta DIRECTO			22b. SIGNATURE	est P. Cons		MED. STAFF PHYS.	2c. DATE SIGNED
RAL RAL Po	1			obert P. Corr		137W. washin	
TO HOSP Poge 4 TO FUNEI director	36		BURGAL (Specify)		of CEMETERY OR CREMATORY Lawn Cemetery	23d. LOCATION (City or Town) Baltimore D BY REGISTRAR 25b. REGISTRA	(County) (State) AR'S SIGNATURE
VR A15 30M REV.	1/68		funeral director conard g. R	Ruck, Inc. Balto.		th 26 kgs kegisika	AK 3 SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

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/E N					CENTITIO	AIL OF DEATH					
1		TEASED-NAME First		Middle		Lost	2o. DATE OI		D	V	2b. HOUR
1	(1)	geral (geral	dine	Palmer	(Cox		April	994	1968	M
3	. SE)		4. RACE			S. DATE OF BIRTH					IF UNDER 24 HRS. HOURS MIN.
		Female		White		June 9.19	32	lost birthdoy)	YRS.	INIHS UATS	nuuks min.
7	o. B	RTHPLACE (Stote or foreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH			7.113.2
1	Gr	eencastle, Pa.	US	A	WIDOWED		Wasi	rington			Md.
1	0. CI	TY OR TOWN OF DEATH	11. NAA	ME OF HOSPITAL OR IN	STITUTION (If no	in hospitol 120. USU		(Kind of work	lone	12b. KIND OF B	JSINESS OR
7		Hagerstown	Was	eet oddress) Lington (County	dospital buring m	ost of working	life, even if retir	ed.)	Own Ho	ne.
1	30.	JSUAL RESIDENCE (Where deceos	ed lived, it institutio	n: Residence before	13c. CITY OR	TOWN 13d. INSIDE CITY L		REET AND NUMBE	ER .		
1	idilli:	sion) Maryland	13b, COUNTY Washin	gton	Hager	stown YES NO	OX 1580	Broads	ordi	ng Roa	d
1	14. F	ATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN NAME I		Midd			Lost
1		Harry	Benton	i Zimmer	nan	Mary		Kathryn		Kenda	u
	160.	WAS DECEASED EVER IN U.S. ARM	(askes he sately as an	6b. SOCIAL SECURITY		FORMANT		Addre			
	16	s, no, or unknown) (If yes give w	ar ar adies or service;	168-26-44	122 9	C.Cox 1589	Broadfe	ording R	d. Ha	gersto	un, Md.
T		18. CAUSE OF DEATH (Enter on	ly one couse per line	for (o), (b), ond (c)) /		1	200		BETWEEN ON	ATE INTERVAL SET AND DEATH
1		PART I. DEATH WAS CAUSED	O BY: ATE CAUSE (o)		Wire	mua				LUA	
1		400.3	, ,	A CONSEQUENCE OF	/	//	1	1			
		Conditions, if any, which gove	(b)	Maligne	rat ;	resperse	busto			2/1/2	4
1		rise to immediate couse (o), stating the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF		/					
1		last.	(c)								200
1		PART 2. OTHER SIGNIFICANT CON		ga-	OT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(o)			
1	8		neumon		Lerica					117.11	
	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20o. AUTOPSY?	CALICE	YES, WERE FINDI OF DEATH?	NGS CONS	SIDERED IN CER	TIFYING
	RTIFI					YES NO			X85		
		210. ACCIDENT WAS UNDERLYIN TOR CONTRIBUTING TO CAUSE OF DEAT		NJURY Month Dov Yeor	21c. HO	W INJURY OCCURRED (Ente	r noture of inju	ry in Port I or Po	ort 2, Item	n 18.)	
ı	MEDICAL	(If either, notify medical examin	ner) P.M.	1	9						
I	×	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(TORY,) 21f. LOC	ATION Street or R.F.D. No	. City	or Town		County	Stote
1								/			
1		22a. I certify that (I) (thi	is haspital) atter	ded the deceas	ed fram	June, 19	ele, to	grus	, 19_4	that	I) (we) last
ŀ		22a. I certify that (I) (this saw the deceased all causes stated abave	live an (did) (lid nat) wew the	bady after d	tgat in (my) (aur) api eath	inian death	occurred an tr	ne date	and haur a	nd fram the
		22b. SIGNATURE		and that you the	Sudy direct di				22c. DAT	E_SIGNED_	
ŀ	4	- 8	drous	Mark	DEGRE	E PHYS. ATTENDING E	MED. DIRECTOR	STAFF PHYS.	4-	868	
ı		22d. PHYSICIAN'S				22e. ADDRESS		7.15			
		NAME (Type) Dr. E	Edson B. 1	loody		363 S. C1	evelano.	d Ave. H	ager	stown,	Md.
1	23o.	BURIAL, CREMATION, 23b. I	DATE	23c. NAME OF	CEMETERY OR C	REMATORY		ON (City or Town)		(County)	(Stote)
6	1	REMOVAL (Specify)	/11/68	Rest /	daven C	emetery	Hage	rstown-U	lashi	ngton-	1d.
W.	24. I	UNERAL DIRECTOR	Hom	ADDRESS		2So. RECO	Y REGISTRAR	1938. REGIST	RAR'S SIC	NATURE LA	della
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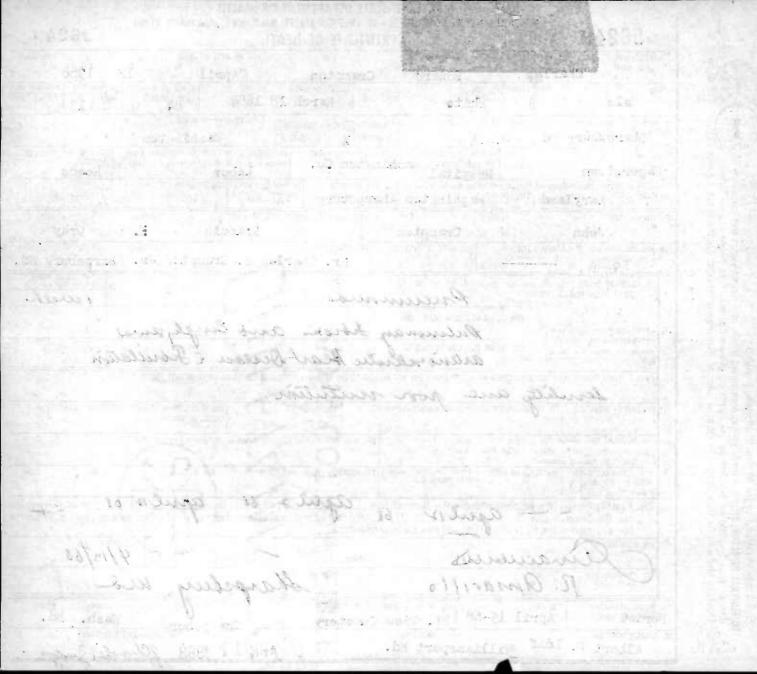
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled medirectar, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 has

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 $ar{
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Page 4 may be retained by the haspital ar attending physician.

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,	Type or print)	Charle	S	Edward	Cr	ampton		April	Month	12	1968	3	
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	Male		W	hite		Marc	h 28 1	.884	lost birthdoy)	YRS. MONTH	IS PAYS	HOURS	MIN
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odm	nission) STATE	aryland	13b. COUNTY	on: Residence before ashington	Aharr	sburg	YES NO	13e. SI	REET AND NUMBER	:			
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		ohn	W	Crampter				rancis	E		Gra		
160	. WAS DECEASED EV		FORCES?	16b. SOCIAL SECURITY		INFORMANT			Addres			-0	
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	1/10		CAUSE (o)	Freu	mn						1 W	rel	<u> </u>
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	lost.)	(c) (nano sce	erole	c Hear	- vu	low	e Front	caus	n		71
	PART 2. OTHER S	IGNIFICANT CONDI	ITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR	CONDITION GIVE	N IN PART 1(o)				
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ATIO	190. DATE OF OPER	RATION 19b. CO	DITION FOR WHI	CH OPERATION WAS PE	RFORMED	20o. AUT	OPSY?		YES, WERE FINDIN	GS CONSIDE	RED IN CE	RTIFYING	ò
CERTIFICATION			the state of			YES	NO [] CAUSE:	OF DEATH?				
	21o. ACCIDENT W	AS UNDERLYING	21b. TIME OF	INJURY	21c.	HOW INJURY OC	CURRED (Ente	r noture of inju	ry in Port 1 or Por	rt 2, Item 1	8.)	10.0	
MEDICAL	OR CONTRIBUTING		HOUR A.M.	Month Doy Year									
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	While Not w	hile 🦳	(OFFICE BUILDING, ETC.	/	LOCATION SILV	or or n.r.b. 110		01 1000		,		
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	saw the	deceased alix	naspiloi alle	nded the decease	968 0	nd that in (m	v) (qur) ani	inian death	acurred on the	e date ar	, mar	(I) (w	im th
	causes s	tated abave,	(I) (we) (did) (did not) view the	bady after	death.	197 (abi) api	illian acam	apconica an in	c date di	ia maor v	and no	1111 111
	22b. SIGNATURE	_						K-		22c. DATE S	IGNED		
	X	lina	ullus	The	DEC	REE PHYS.	NG P	AED. DIRECTOR	STAFF PHYS.	4/1.	1/68		
	22d. PHYSICIAN'S	n	0			22e. ADI		-			-		
	NAME (Type)	16.6	1mai	1/10			sna	psec	ug, ll	La	-		
230	. BURIAL, CREMATION	ON. 23b. DA	TE	23c. NAME OF	CEMETERY O	R CREMATORY		23d. LOCATIO	ON (fity or Town)	(Cor	unty)	(Stote)
	REMD WAT (Specify		ril 15-6						0	Tale 5	- h	Md.	
24.	FUNERAL DIRECTOR		•	ADDRESS			2So. REC'D B	Y REGISTRAR	Shung 256. REGISTR	RAR'S SIGNA	TURE		
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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corban <u>pagests</u> director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corban papers should be filed with the Stote Dept. af Heolth prior to burial, cremation, or removal, and in ony event, within 72

Page 4 may be retained by the haspital or attending physicion.

and 2

bases and 2

death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

00245			TIFICATE OF DEATH			95	
DECEASED-NAME (Type or print)	First Millard	Middle Ellsworth	Lost Crilley	2a. DATE OF DEATH April Month 30	oy 1 <i>9</i> 68	2b. HO	OUR P
SEX	4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 2	
Male	Wh	ite	3/15/91	lost hirthdoy)	MONTHS OAYS	HOURS	MIN.
RIPTHPLACE (State or fo	preion 75 CITIZEN OF	WHAT COUNTRY? 8		O COUNTY OF DEATH	-		

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3. SEX	W	4. RACE			S. DATE OF E	BIRTH		6. AGE (In year	ors	IF UNDER		IF UNDER	
Male		Whi	te		3/1	15/91		lost hirthdoy	YRS.	MONTHS	OAYS	HOURS	MIN.
7o. BIRTHPLACE (Stote country) Maryle		7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED S	NEVER MA	ARRIED	9. COUNTY OF WAS	DEATH HINGTO	N				M
10. CITY OR TOWN OF HAGERS TO	DEATH	give	AME OF HOSPITAL OR INST Street address) TERN MD. S'		ot in hospital	during my	AL OCCUPATION ost of warking I	ife, even if re		12b. K 1NDU:		BUSINESS	OR
13o. USUAL RESIDENCE admission) STATE	(Where deceose ryland	d lived, if institut 13b. COUNTY	ian: Residence befare ashington	13c. CITY OR Han C		13d. INSIDE CITY LI		REET AND NUM		St.			
14. FATHER'S NAME	First	Middle	Lost	15	. MOTHER'S N	MAIDEN NAME F	irst	Mi	ddle			Last	
SA	MUEL	A.	CRILLEY			Car	therine				Hol	bert	5
160. WAS DECEASED EV Yes, no, or unknown		D FORCES? r or dates of service)	16b. SOCIAL SECURITY NO. 21.7-32-50		NFORMANT ATHIE	LDE	CRILLE		Iress H A		OCK AIN		
18. CAUSE OF D	ATH (Enter anly	one cause per li	ne for (a), (b), and (c).)	Mark						B		SET AND O	
PART I. DEA	H WAS CAUSED	BY: E CAUSE (a)	Intestina	al obs	tructi	on					we		DATE:
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last.	infing couse	(c)	Carcinoma	of pr	ostate			720	-81	1	ye	ars	
PART 2. OTHER S	GNIFICANT CON	ITIONS CONTRIBU	TING TO DEATH BUT NO				ONDITION GIVEN	I IN PART 1(o)					
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19a. DATE OF OPER	ATION 19b. C	ONDITION FOR WH	ICH OPERATION WAS PER	FORMED	20a. AUT		CALISES	YES, WERE FINI OF DEATH?	DINGS CO	NSIDERE	D IN CE	RTIFYING	;
21a. ACCIDENT W ☐ OR CONTRIBUTING (If either, natify)	CAUSE OF OEATH	HOUR A.M.	NJURY Manth Day Year 19	21c. HC	W INJURY O	CCURRED (Enter	nature of injur	y in Part 1 ar	Part 2, It	tem 18.)			
While Nat w	rk 🗆		AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.				City	ar Tawn		County	/	S	tate
22a. I certify	thot (I) (this	chospital) atte	ended the decease	d from	Jan . :	30 , 196	B, ta_A						

causes	statea abave,	(1) (24	reat (aia) (anana	ind) view the body after dec	itn.				
22b. SIGNATURE	Domingo	N.	Genera	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	56	22c. DATE SIGNED 5/1/68

PHYSICIAN'S NAME (Type) 22e. ADDRESS Western Md GARCIA DOMINICO A State Hospital

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REGISTRAR'S SIGNATUR

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230.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETERY OR	CREMATORY 2	3d. LOCATION (City or Town)	(County) (Stote)
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BUR 24. FUNERAL DIRECTOR 123a. REC'D BY REGISTRAR ADDRESS 2Sb. 1968

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DIVISION OF VITA

MARYLAND STATE DEPARTMENT	OF HEALTH
L RECORDS, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201
CEDTIFICATE OF DEA	TU

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. DECEASED-NAME	First		Middle		Last		2a. DATE OF				2b. HOUR
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. SEX		4. RACE			S. DATE OF BIRTH			6. AGE (In years		NDER 1 YEAR	IF UNDER 24 HRS
Female			White		Februar	w 9.1	924	last birthday)	RS. MONTH	HS DAYS	HOURS MIN
. BIRTHPLACE (State of	r fareign 7	. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	NEVER MARRIE		COUNTY OF	DEATH	-1.		
Hagerstow	n. Md.	USA	7	WIDOWE			Wash	ington			
O. CITY OR TOWN OF D	EATH		AME OF HOSPITAL OR IN	ISTITUTION (I	not in hospital			(Kind of wark da			BUSINESS OR
Hagerstow	n.	give	street address)	County	Hospital	during mas	st at warking wewite	life, even if retire	d.)	Own /	lome
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Yes, na or unknown)	(If yes give work	or gates of service)	219-12-0	302 (E. Cross.	Srl	14 Bue	na Vista	Ave		
			ine far (0), 0), and (c)).)			. 0	_			MATE INTERVAL NSET-AND GEATH
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		TIONS CONTRIBL	JTING TO DEATH BUT N	IQT RELATED	TO THE TERMINAL DI	ISEASE OR CO	NDITION GIVE	N IN PART 1(o)	1	,	1/1
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19a. DAME OF OPERA	ATION 19b. CO	NDITION FOR WI	HICH OPERATION WAS PI	ERFORMED	20a. AUTOPSY	1		YES, WERE FINDING	GS CONSID	ERED IN CE	RTIFYING
					YES	NO 🗍	CAUSES	OF DEATH?			
		21b. TIME O		21c.	HOW INJURY OCCUR	RED (Enter	nature of inju	ry in Part 1 ar Part	t 2, Item	18.)	
OR CONTRIBUTING		HOUR A.M.		9							
ZIG. INJUNI OCCU	RRED 21e. Pl	/	(AT HOME, FARM, STREET, FA		LOCATION Street or	r R.F.D. Na.	City	ar Tawn	Car	unty	State
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220 Leastifu	that (1) (this	haspital) att	ended the deceas	ed from	O Hon	196-	to /	200	1968	. that	(I) (we) la
saw the	deceased aliv	e an /2	(did nat) view the	1968, a	nd that in (my)	(aur) apin	ian death o	accurred on the	date a	nd haur	and fram th
	ated abave,	(I) (we) (did)	(did/nat) view the	bady afte	r death.						
22b. SGNATURE	1. 110	1/1		1/	ATTENDING	ME ME	D	STAFF -	22c. DATE		1 (0
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22 PHYSICIAN'S NAME (Type)	D: 1		1		22e. ADDRES						
TANIE (11be)	Kichar	a T. Bi	nford, M.			Poto	mac Av	enue Ha	gers	town,	Md.
23a. BURIAL, CREMATIO REMOVAL (Specify)					OR CREMATORY			ON (City or Town)		ounty)	(State)
Surial	1 4	16/68			r Cemeter			town - W			2 - Md.
24. FUNERAL DIRECTOR	L / EU	Q:14	ADDRESS			a. REC'D BY	1	2Sb. REGISTR			
Rest Have	n Funer	al Chap	el Hager	stown.	Md. Di	ATAPR	1 / 19	68 you	arla	o year	The same

death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending physician and campletely filled in b directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 ha Page 4 may be retained by the haspital ar attending physician.

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First

CERTIFICATE OF DEATH Last

2a. DATE OF DEATH

2Sb. REGISTRAR'S SIGNATURE

1968

Klearles Judge

2b. HOUR

	(Type or print) Dan	itel W	ebster	Cunn	ingham	Ap	rilant 25, Day	.968 ear	1 A.
3. 5	male	4. RACE	hite		S. DATE OF BIRTH Sept. 1,		6. AGE (In years last bistheay) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a.	BIRTHPLACE (Stote or foreign untry) Maryland	7b. CITIZEN OF WHAT	COUNTRY?	B. MARRIED WIDOWED [NEVER MARRIED DIVORCED	9. COUNTY OF	DEATH hington		Mo
	city or town of DEATH		E OF HOSPITAL OR INSTI 1 1 ams por		nitariuming		(Kind of work done	12b. KIND OF INDUSTRY I arm	BUSINESS OR ing
130 odr	o. USUAL RESIDENCE (Where dece missian) STATE Md.	ased lived, if institution 13b. COUNTY W	n: Residence before		TOWN 13d. INSIDE CITY		REET AND NUMBER		
14.	FATHER'S NAME First Georg	Middle Ge Cunnin	gham Lost	15.	MOTHER'S MAIDEN NAME	^{first} Anna C	osey Middle		Lost
	o. WAS DECEASED EVER IN U.S. Al Yes, no Sunknown) (If yes give	RMED FORCES? e war or dates of service)	6b. SOCIAL SECURITY NO		NFORMANT Llliam Cun	ningha	m, Hagers	town,	Md.
	18. CAUSE OF DEATH (Enter	only one couse per line	for (a), (b), ond (c).)	16					IMATE INTERVAL ONSET AND DEATH
-	PART I. DEATH WAS CAUS	DIATE CAUSE (a) Art		otic (Cardio Vascu	lar Dis	ease	10 ye	ars
	Conditions, if any, which gave		A CONSEQUENCE OF	m 1					
	rise to immediate couse (a)	(b) Oa1	cinoma Of	The I	ace			5 ye	ars
L	stoting the underlying cause last.		ility						
	PART 2. OTHER SIGNIFICANT CO			RELATED TO	THE TERMINAL DISEASE OF	RCONDITION GIVE	N IN PART 1(o)		The same
2	14221								
CERTIFICATION	190, DATE OF OPERATION 19	b. CONDITION FOR WHICH	H OPERATION WAS PERF	ORMED	20a. AUTOPSY? YES NO	CALICE	F YES, WERE FINDINGS CO S OF DEATH?	ONSIDERED IN C	ERTIFYING
MEDICAL CER		ATH HOUR A.M.	NJURY Manth Doy Year 19	21c. HC	W INJURY OCCURRED (Ent	ter nature af inju	ry in Part 1 ar Part 2, 1	tem 18.)	
ME	While Nat while ot wark at work	e. PLACE OF INJURY (CATION Street or R.F.D. N		y ar Tawn	Caunty	State
	22a. I certify that (1) (1 saw the deceased causes stated abo	alive on 11-2	22- 19	68 and	that in (my) (our) or	67_, ta_li pinian death	-25-68 , 19 accurred on the do	, that te ond hour	(I) (we) las
ı	22b. SIGNATURE	most in	3	DEGR	ATTENDING PHYS.	MED. DIRECTOR	STAFF	ATE SIGNED	1968
Г	22d. PHYSICIAN'S NAME (Type)	. W. Ditta	7-	27 5	22e. ADDRESS	6+	Hamanata	Ma	
22.	UF F	. DATE	23c. NAME OF CE		W. Washingt		ON (City or Town)	(County)	(Stote)
230	To PEMOVAL (CREMATION, 23L	28-68			or Cemeter			Wash.	Md

Hagerstown,

Md

Home,

VR A15 (4) 30M REV. 1/68

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the traveral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs often death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Bell Inst 20. DATE OF DEATH 2b. HOUR (Type or print) Mabel Month April Dixon 3. SEX 4 RACE S. DATE OF BIRTH requires that the death certificate be executed within 24 haurs after 6. AGE (In years IF UNDER 1 YEAR last hirthday) Female Mav 20 1886 White attending physician and campletely filled in by fl sermit. Then please remave carban papers. Pag 7a. BIRTHPLACE (State or foreign country) BLACKS CONS 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH ban papers. within 72 ho U.S.A Washington WIDOWED IX DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY Home give West address) Church St. during most of working life, even if retired.) Williamsport and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Washington WilliamsportyE Md. 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Randelph Bagley Polly Unknown 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or unknown) Mrs. Arlene Strain Williamsport. None remava 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BETWEEN ONSET AND GEATH Smile S Lardiac 50 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave burial-transit rise ta immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the l CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? af Health p YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work

Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be filed v VR A15 (4) 30M REV, 1/68

causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 4-22-68 DEGREE 22d. PHYSICIAN'S M.E. Byrkit M.D. 220 200 West Potomac St. Willimaport, Md.

23a. BURIAL, CREMATION, THE MOVAL (Specify)

NAME (Type)

23b. DATE April 24-68 23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Riverview Cemeterv

23d. LOCATION (City or Town) Williamsport (County)

24. FUNERAL DIRECTOR

Albert L. Leaf Williamsport Maryland

2Sa. REC'D BY REGISTRAR Ark 24

DATE

Washington Md. 25b REGISTRAR'S SIGNATURE Miarles 1968

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	06243	DIVISIO	JI OI VIIAL KLEOKOS			OKL, MAKILAND 212	06255
	CEASED-NAME ype or print) " T	WALTER	LEW IS			20. DATE OF DEATH APRILMONTH5	Doy1 968 or 5:30 P
. SE	MALE	4. RACE	WHITE	S. DAT	1/2/1890	6. AGE (In yeo lost birthaby)	OFS IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
o. B	IRTHPLACE (Stote or fore try) MARYLAI	ign 7b. CITIZE	U.S.A.	WIDOWED X	DIVORCED	WASHINGT	T . T . MC
F	RURAL BOOK		give street podess)#	BOONSBOR	TO HURSTHAM	ф П Arki ng R∢GeVen if r€	conductor road
3o. dmi:	USUAL RESIDENCE (Where sision) STATMARY	deceosed lived, if	f institution: Residence before OUNTWASHINGT	13c. city the nown	BOR NO		BOONSBORO
4. F.		REELAND	DOWNS Lost	1S. MOTH			SPRECHER
						OUNG RT.#1	
	DADE A DESTINATION	CALLEGE BY					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDDEM
N	lost.	(0036	(c)		ERMINAL DISEASE OR CONC	DITION GIVEN IN PART 1(0)	
RTIFICATION	190. DATE OF OPERATION		FOR WHICH OPERATION WAS F		YES NO NO	CAUSES OF DEATH?	DINGS CONSIDERED IN CERTIFYING
It	OR CONTRIBUTING CAU	SE OF DEATH HOL l exominer)	UR A.M. Month Doy Yeo P.M.	r 19		iture of injury in Port 1 or F	Port 2, Item 1B.)
	21d. INJURY OCCURRED While Not while of work	1				City or Town	County Stote
	22o. I certify that sow the dece couses stated	(I) (this hospit osed olive on_ obove, (I) (we	ol) ottended the deceo	sed from 7 1968, ond that body ofter death.	in (my) (our) opinio	on death occurred on t	, 19 <u>67</u> , that (I) (we) los the date and hour and from the
	22b. SIGNATURE	lina	Lunin			CTOR STAFF PHYS.	22c. DATE SIGNED 4/6/68
	22d. PHYSICIAN'S NAME (Type) 7			2	Sharp		10
		23b. DATE 4/8	/68 Z3c. NAME OF CEDAF	R LAWN ME	EM. GARDEN	IS HAGERS	rown Wash. MD.
24	FUNERAL DIRECTOR		ADDRES	-1	2So. REC'D BY RI		STRAR'S SIGNATURE
	O. CO. Brown O. Co	DECEASED-NAME (Type or print) SEX MA LE O. BIRTHPLACE (Stote or fore country) MARYLA O. CITY OR TOWN OF DEATH RURAL BOOI 30. USUAL RESIDENCE (Where dimission) STATMARY 4. FATHER'S NAME First FT 160. WAS DECEASED EVER IN Yes, no, ONE THE NOWN) 18. CAUSE OF DEATH (PART 1. DEATH WAY) Crise to immediate countries t	DECEASED-NAME (Type or print) DECEASED-NAME (Type or print) SEX MALE O. BIRTHPLACE (Stote or foreign country) MARYLAND O. CITY OR TOWN OF DEATH RURAL BOONSBORO 30. USUAL RESIDENCE (Where deceased lived, indmission) STATMARYLAND 13b. Conditions of STATMARYLAND 13b. Conditions of STATMARYLAND 13b. Conditions of Country was or dates of PREELAND 18. CAUSE OF DEATH (Enter only one country one country was caused by Immediate Cause Operation of Contributing Course of Due to immediate course (o), stoting the underlying course lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING COURSE OF DEATH (If either, notify medical examiner) 210. ACCIDENT WAS UNDERLYING 19b. CONDITION of Contributing Course of Death (If either, notify medical examiner) 210. ACCIDENT WAS UNDERLYING 21b. HOW will not work 12c. I certify that (I) (this hospit sow the deceased alive on courses stated above, (I) (we could be controlled by the country of the deceased of the course of Death (I) (we country of the country of the deceased o	DECEASED-NAME (Type or print) DECEASED-NAME (Type or print) WALTER 4. RACE WHITE D. BIRTHPLACE (Stote or foreign country) MARYLAND D. CITY OR TOWN OF DEATH RURAL BOONSBORO CITY OR TOWN OF DEATH RURAL BOONSBORO STATMARYLAND 13b. COUNTWASHINGTO 4. FATHER'S NAME FIRST FREE LAND DOWNS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, MONOWN) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LOUTE DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (o). Stoting the underlying couse) 190. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exominer) 210. INJURY OCCURRED While Of North Was UNDERLYING 211. INJURY OCCURRED While Not while Of the work 212. I certify that (I) (this hospital) of the ded the decease of the couses stated obove, (I) (we) (did) (did not) view the couses stated obove, (I) (we) (did) (did not) view the couse of the	CERTIFICATE DECEASED-NAME (Type or print) WALTER LEWIS DOWNS SEX MALE 4. RACE WHITE 6. BIRTHPLACE (Stote or foreign country) MARYLAND O. CITY OR TOWN OF DEATH RURAL BOONSBORO 30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before list, CHP of this institution: Sestence before list, CHP of this institution: Residence before list, C	CERTIFICATE OF DEATH DECEASED-NAME (Type or prim) WALTER LEWIS DOWNS SEX MALE 4. RACE WHITE 5. DATE OF BIRTH 1/2/1890 6. BIRTHPLACE (Stote or foreign country) MARYLAND 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital privos trees page 3/4) 8. MARRIED NEVER MARRIED NOVORCED 10. CITY OR TOWN OF DEATH RURAL BOONSBORO 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital privos trees page 3/4) 8. MARRIED NOVORCED 10. CITY OR TOWN OF DEATH RURAL BOONSBORO 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital privos trees page 3/4) 13. COUNTWASHINGTON BOONSBORO 4. FATHER'S NAME FIRST FIRST MIDDIAN AS A CONSEQUENCE DEFORES? Ves. no. AND nown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMODIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) SEVENE ARE CONSAURY 190. DATE OF OPERATION 190. DAT	DECEASE DAME I SEX MALE A RACE WHITE S. DATE OF BERTH 1/2/1890 6. AGE (in yet) APRILMONTHS O. BIRTHPIACE (Store or foreign DUNNS O. BIRTHPIACE (Store or foreign MARY LIAND) 70. CITIZEN OF WHAT COUNTRY? WOONED DUNDS O. BIRTHPIACE (Store or foreign DUNNS O. BUSHALFEED A RACE WHITE S. DATE OF BERTH 1/2/1890 6. AGE (in yet) S. MARRIED WOONED DUNOCED O. DIVORED WASHINGTO O. BUSHALFEED ARRIED O. BUSHALFEED O. BU

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36256 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI-2, and 3 to PM3. Page OF Audrey Fleagle DEATH MATED 4 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR Male March 7, 1938 White 30 YRS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED forwarded to the Chief Medical Exominer's Office olong with form Give Poges 1, country) DIVORCED K WIDOWED [Maryland U.S.A. Washington Co. Stote 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OF INSTITUTION (If not in haspital give street address) after deoth 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY Co. Hagerstown Washington County Hosp 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 3c. CITY OR TOWN 13d. Machinist Landis 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Penna. 13b. COUNTY Franklink YES NO Quincy Box 32 hours lond2 Item 1 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Fleagle Vernon Dorothy Kline poges Mae hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT ADDRESS (Yes, na, or unknown) (If yes give war or dates of service) 192-30-1703 Mr. Vernon C. Fleagle Rouzerville. no .⊆ event within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) This certificate should be executed permit. I BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: ubdus 10-20 Hm DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditions, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse __ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 05 be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO should be 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 5 may be retained for your riles. O FUNERAL DIRECTOR: Page 3 should | Health prior to burial, cremation, or PRIMARY OR CONTRIBUTING **EXAMINER:** Driver of Auto, Crashs & while hi Moved Gue CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.) RT#64 - 17024 WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy 📈, Inspection X, Inquiry [and in my apinian the funeral director. death resulted fram: Natural causes , Accident , Suicide , Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY DEPUTY MEDICAL EXAMINER 4-30-68 ADDRESS(Street, city, tawn, ar county) Dr. Edward W. Ditto. 111. 21736WDATEWashingtbak Mark OF CEMETERY OR CREMATORY Hagers 1000 Harbaugh 23d. LOCATION (City or Town) (County) (State) Washington Twp., Franklin, Pa. Burial Harbaugh

Waynesboro, Pa.

VR A15ME (5) 10M REV. 1/68

Hererotean Santagron Volsty Fores, a Machinist Today The state of the s Various 0. Shearing borners Name of the Committee 192-20-1700 Tile, Versen C. Kanada Juneary 110, Universitation The way of the state of the sta Bandhara y tribula of the state of the same of the state of the s Tologo (. c.) not miner (. c.) tologo (.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. OATE OF OEATH 2b. HOUR (Type or print) Milton Haley S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 6. AGE (In years lost birthdoy) HOURS Male February 11,1892 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Rohresville, Md. Washington WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress)
920 Hamilton Blud Hagerstown 13p. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission STATE YES X NO 920 Hamilton Blud Hagerstown IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Lost Gillan John Miller Indiana 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, orunknown) 214-09-0696 Mrs. M. H. Gillan 920 Hamilton Blud Hages town Ma 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Instant Myocardial infarction IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Coronary artery disease, arteriosclerotic Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO X 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (1) (this haspital) attended the deceased from June 23, 1952, tApril 12, 1968, that (1) (we) last sow the deceased alive on May 23 1966, and that in (my) (our) apinian death accurred an the date and hour and from the couses stated above, (I) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE April 15,1968 ATTENDING DEGREE 22e. ADDRESS 148 West Washington Street 22d. PHYSICIAN'S NAME (Type) B. B. Kneisley, M.D. Hagerstown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE REMOVAL (Specify) Rest Haven Cemetery Hagerstown-Washington-Md 250. REC'D BY REGISTRAR

Rest Haven Juneral Chapel Hagerstown, Md.

DATE APR

burial-transit signed by the O FUNERAL DIRECTOR: After this certificate has been SD jo shauld be detached be retained by directar,

ban papers. Peg.

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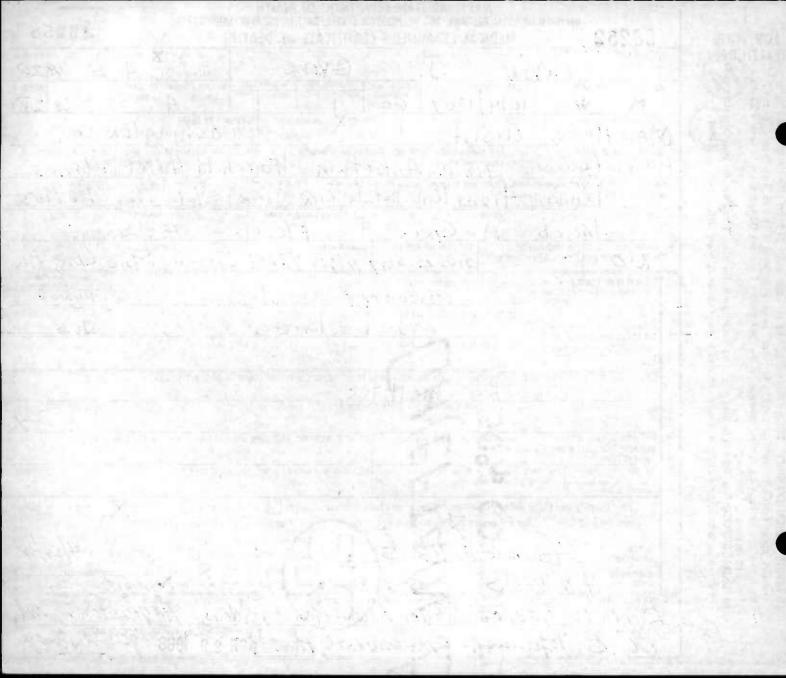
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requires that the death certificate be executed within 24 ha

30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH Middle Last 2b. HOURA DECEASED-NAME PAUL SENFT APRIL Month 17 (Type ar print) HAMM Day 968 ar B:50 N 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 6. AGE (In years last birthgay) 10/21/1906 MA LE WHITE. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar foreign 8. MARRIED NEVER MARRIED country) PENNSYLVANIA U.S.A. WASHINGTON WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR HOS PITTAT SALESMAN retired.) HAGERSHOWN 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER HAGERSTOWNYES Middle 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Last HOWARD C. HAMM ELLA SENFT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yeship ar unknawn) CHARLES HAGERSTOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave: rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO P YES 🗀 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth (If either, natify medical examiner) P.M / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 1/4 saw the deceased alive an_4 and that in (my) (our) opinion death occurred an the date and haur ond from the couses stated obove, (1) (we) (did nat) view the body after death 22c. DATE SIGNED 22b. SIGNATUR ATTENDING MED. DIRECTOR DEGREE PHYS

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 (nd please remave carban event, in any pup or remayal, signed by the burial-transit p O FUNERAL DIRECTOR: After this certificate has been as the O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar for directar, page 3 sha shauld be filed with

within 72 haurs after

VR A15 (4) 30M REV, 1/68

FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (Type)

23g. BURIAL CREMATION.

23b. DATE

/19/68

23c. NAME OF CEMETERY OR CREMATORY LECHEY'S

ADDRESS

22e. ADDRESS

23d. LOCATION (City or Town)

(Caunty)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle Last 2a. DATE OF DEATH

	-	0623	14			CERTIF	ICATE OF	DEATH				06	260
4		D-NAME	First		Middle		Last		2a. DATE OF D	ATH			2b. HOUR
	(Type o	r print)	arvey		Edward	H	arding		Apr	Month	14°	1968	1:00AM
	3. SEX			4. RACE		1-1	S. DATE OF BIE	RTH	6	. AGE (In yea last birthdoy)	ors	IF UNDER 1 YEAR AONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
44	Ma	le	2019	White	9		May 7	1890		77	YRS.	11 7	HOUKS MIN.
-	7o. BIRTH country)	PLACE (Stote or for	eign 7b	. CITIZEN OF WH	HAT COUNTRY?	B. MARRIE	D NEVER MAR	RIED 9.	COUNTY OF D	EATH	341		AL DIA
	Loud	on Co.	Va.	U.S.	A.	WIDOWE	D DIVOR	CED 🔲	Washin	gton			Md.
0	10. CITY C	R TOWN OF DEATH wnsville		11. N/	AME OF HOSPITAL OR I	NSTITUTION (I	f not in hospitol	120. USUAL during most	OCCUPATION (K of working life	ind of work e, even if ret	done ired.)	12b. KIND OF INDUSTRY Railr	
4	13o. USU/	L RESIDENCE (When	e deceosed	lived, if institut	ion: Residence before	e 13c. CITY	OR TOWN	13d. INSIDE CITY LIMIT		T AND NUMB	BER	,	
1	Mar	STATE Vland		Washing	gton	Brown	sville	YES NO		++	++++	<u>++++</u>	
1	14. FATHE			Middle	Last		1S. MOTHER'S MA	AIDEN NAME First		Mid	ddle		Last
1		John			Hardin	g		Mary				Cockr	ell
	160. WAS	DECEASED EVER IN	U.S. ARMED	FORCES?	16b. SOCIAL SECURIT	Y NO. 1	, INFORMANT			Add	ress		
	No.	, ar unknawn)	it yes give wui ur	odies of selvice)	705-09-3	333 N	r. Kenne	eth E. F	larding	, Brow	msvi	lle, M	ld.
	18.	CAUSE OF DEATH	(Enter only o	ine cause per lin	ne far (a), (b), and (c).)	0		1 -				AATE INTERVAL NSET AND OEATH
Я	1	PART I. DEATH WA	IS CAUSED B'	γ.	Houte	lugo	earl.	e in	and			3 6	- chr
	1	4109			S A CONSEQUENCE C	F 1		12	0				1
Я		litians, if any, whi		(b)	arter	ofcle	whe	trant	1-10	ne		Teo	us-
-7		to immediate coi ng the underlying		DUE TO, OR A	S A CONSEQUENCE C	F						1	
	last.)	(c)									
	PAR	T 2. OTHER SIGNIFI	CANT CONDIT	IONS CONTRIBU	TING TO DEATH BUT	NOT RELATED	TO THE TERMINAL	L DISEASE OR CON	IDITION GIVEN I	N PART 1(o)			
	~	4201		cur	mo co c	une	cepot-	Ty					
	190. 21a.	DATE OF OPERATION	19b. CON	IDITION FOR WH	ICH OPERATION WAS	PERFORMED	20a. AUTO	PSY?	20b. IF YI		OINGS CON	NSIDERED IN CE	RTIFYING
2	ZIE!						YES	NO C					
	₹ □0	ACCIDENT WAS U R CONTRIBUTING CA ither, natify medic	USE OF OEATH	HOUR A.M. P.M.	Manth Day Yes	ar	HOW INJURY OCC	URRED (Enter n	ature of injury	in Part I ar f	Part 2, Ite	em 18.)	
		INJURY OCCURRED	21e. PL/	ACE OF INJURY	AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY, 1 21f.	LOCATION Stree	t or R.F.D. Na.	City ar	Town		County	State
	Whi	le Not while at wark			OFFICE BUILDING, ETC.	/							
	220	. I certify that	(I) (this	haspital) atte	ended the deced	sed fram_	1-4	- 1960		- 14	_, 19_	68, that	(I) (we) last
	0 8	saw the dece	ased alive	e an 💙	- 14 -	1968,0	ind that in (m	y) (aur) apini	an death ac	curred an t	he date	e and haur	and fram the
			abave) (we) (did)	(did nat) view th	e bady atte	er death.				I 00 0		
	22b.	SIGNATURE	11.	eo usa	20^	D.	GREE PHYS	IG MED		STAFF PHYS.	22c. 0/	ATE SIGNED	- 1968
	224	PHYSICIAN'S	01					DECC				-	
1	. 220.	NAME (Type)	J	SEPH	SECON	DAR	(Zze. ADD	Bi	ONS	BOR		Md	
	23a. BUR	IAL, CREMATION,	23b. DAT	-			OR CREMATORY		23d. LOCATION		,	(County)	(Stote)
1		OVAL (Specify)	4-	16- 68			Cemeter		Browns				Md.
8	24. FUNE	RAL DIRECTOR			ADDRE			2So. REC'D BY		2Sb. REGIS			
8	John	H. Bast	. Jr.	112 N.	Main St.	Boons	horo M	DATE A DD	T Q 186	B A	lean	elas Jun	Lake.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7.69!	3.5		ERTIFICA	TE OF DEATH				J	6261
1. DECEASED-NAME (Type or print)	First	Middle		Last		ATE OF DEATH Pril Manth	Day.	Year	2b. HOUR
	Richard	Austin		rrell	A			1968	1:30
3. SEX	4. RACE	1 = 1 = 1 M	S.	DATE OF BIRTH		6. AGE (In last bigth		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Male	Wh	ite		3/4/14		54		NON INS	, min.
a. BIRTHPLACE (State of		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUN	NTY OF DEATH	ha inna da di ma		
country Washing			WIDOWED			WASHING			Me
O. CITY OR TOWN OF D	WN WE	, NAME OF HOSPITAL OR INS ve street address) STERN MD. S.	CATE HO	SPITAL during	mast of w	PATION (Kind of we arking life, eyen if nist—Lina	retired.)	INDUSTRY	F BUSINESS OR
3a. USUAL RESIDENCE admission) STATE	Where deceased lived, if institution aryland 13b. COUNTY	ince George	13c. CITY OR TO	Sville YES X	NO 🗀	13e. STREET AND NO. 5700 Que		Chapel	Rd.
14. FATHER'S NAME	First Middle			NOTHER'S MAIDEN NAME	First		Middle	90	11 Lost
	ardee	Harrel			ena				Line
Yes, no pr unknawn	ER IN U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY N 578-07-33		ormant herine J. K	Harre	U Silv	en Spa		
	ATH (Enter anly ane cause per	r line far (a), (b), and (c).)							ONSET AND DEATH
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Lobular	pneumon	ia			100	5	days
147 X		R AS A CONSEQUENCE OF							
Canditians, if any	, which gave) (b)_	Carcinom	atosis					unl	mown
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
lost.) (c)_							20	mos.
PART 2. OTHER SI	GNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NO	OT RELATED TO 1	HE TERMINAL DISEASE O	OR CONDITIO	N GIVEN IN PART 1	(a)		
3 14	8 /								***************************************
19a. DATE OF OPER	ATION 19b. CONDITION FOR	WHICH OPERATION WAS PER	YES NO CAUSES OF DEATH?			yes	,		
		OF INJURY M. Manth Day Year	21c. HOW	INJURY OCCURRED (En	nter nature	af injury in Part 1	ar Part 2, It	em 18.)	- 10
	medical examiner) P.	M. 19							
While Nat what was at work	rk U	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.				City ar Tawn		Caunty	State
22a. I certify saw the causes st	that (I) (his has skitted) of deceased alive an Arated abave, (I) (Nove) (di	nttended the decease pril 16 1 d) (MOKON t) view the l	d from 9 <u>68</u> , and b body after de	Feb . 19 , 19 that in (my) (83 %) o ath.	68 , i	to <u>Apr. 1</u> eath accurred o	5, 19 <u>_6</u> in the dat	b8_, tha e and haur	t (I) 🌠 (I) las and from th
22b. SIGNATURE		0 0	2	ATTENDING	MED.	STAFF E		ATE SIGNED	V 500
	Victor	L. Kames	m DEGREE	PHYS.	DIRECTOR	☐ PHYS.	.,	/16/68	
22d. PHYSICIAN'S NAME (Type)	Victor Ram	os, M. D.		22e ADDRESS 1500 Pena	nsylv	ania Ave	., Hag	gerstov	m
23a. BURIAL, CREMATIC		23c. NAME OF	CEMETERY OR CE	EMATORY	23d.	LOCATION (City or T	awn)	(Caunty)	(State)
Burial Specify	TIDAAA. IX.	1968 Gate	of Hea	ven Cemeter	ry .	Silver S	oring.	I'ld.	
24. BUNERAL DIRECTOR	ic. Glen Cars	ter 84 Japres	a. Aven	ue 25a. REC'D	BY REGIST	TRAP 968 25b.	MONTH BARTY	CHATUS	age.
Warner &	· Pumphrey. 9	nc. Silver	Spring	Md DATE	11	1000		4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Poshould be filed with the State Dept. at Health prior to burial, cremotion, or removal, and in any event, within 72 hours Poge 4 may be retoined by the hospital or ottending physician. VR A15 (4) 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 30

1 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4	13	0	0	
RTIFICATE OF DEATH	J	D.	21	0	20

	00200		CLI	HILL	AIL OF DEATH					
	CEASED-NAME First		Middle		Last	2a. DA	TE OF DEATH			2b. HOUR
{T	ype ar print) CHARL	ES	W.	HA	ARSHMAN		April	26	196	8 3:49
3. SE	X	4. RACE			S. DATE OF BIRTH		6. AGE (In year		INDER 1 YEAR	OF UNDER 24 HRS.
	male	whit	е		August 5,		lass birthday)	YRS. MON	THS DAYS	HOURS MIN.
70. E	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT (OUNTRY? 8. A	AARRIED [NEVER MARRIED	9. COUNT	TY OF DEATH			
Caul	"Maryland	U.S.A.		IDOWED [shington		1644	Md.
10. C	Hagerstown	11. NAME (of Hospital or Institu hington	CO.F	t in haspital 12a. USU/ Hospital during m	al occupi	ATION (Kind of wark rking life even if reti Farmer	done l	2b. KIND OF NDUSTRY Farm	ing and
13o. odmi	USUAL RESIDENCE (Where deceosission) STATE Maryland	ied lived, if institution:	rick/ My	CITY OR	TOWN 13d. INSIDE CITY L	_	3e. STREET AND NUMB Wolfsvil			
	FATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN NAME	First	Mid	dle		Lost
	Ezra		rshman		Catherin	ne L	eatherma	n Ha	rshm	an
16a.	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b	SOCIAL SECURITY NO.	17. 11	NFORMANT		Addr	ess		
Y	es, no ar unknawn) (If yes give v	var or dates of service) 21	5-36-7120	5 Ha	arry G.Hars	shma	n .Myersv	ille	.Md.	
	18. CAUSE OF DEATH (Enter on	ly ane cause per line fa								MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (0)Ure	emia						1 w	eek
	600 X	DUE TO, OR AS A						7		
	Conditions, if ony, which gove	HVC	ironephros	is					5 v	ears
	rise ta immediate cause (a), stating the underlying cause(DUE TO, OR AS A								
	lost. (d) Benigh Prostatic hypertrophy 10								10 y	ears
	PART 2 OTHER SIGNIFICANT COL	1-7				CONDITION	GIVEN IN PART 1(o)			
-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)									
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH C	PERATION WAS PERFOR	MED	20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?					ERTIFYING
CERT	21o. ACCIDENT WAS UNDERLYIF	NG 21b. TIME OF INJ	URY	21c. HC	OW INJURY OCCURRED (Ente		of injury in Part I or P	art 2. Item	18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. M	anth Day Yeor							
WED	(If either, notify medical exomi 21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT)) 21f. LO	CATION Street or R.F.D. No	0.	City or Town	Ce	ounty	State
	at work at work						/ 87			
	22a. I certify that (i) (th	is haspitol) attend	ed the deceased f	rom	3-28 , 19.3 d that in (my) (our) op	oo , to	g 4-20	_, 19 <u>08</u>	, that	(I) (we) last
	couses stated obove	e, (I) (we) (did) (dic	not) view the bod	y after o	leath.	illion de	om occurred on i	ne dote (ma noor	una mom me
ш	22b. SUGNTATURE //	/			/	MED	CYASS	22c. DATE	SIGNED	
	(harles &	Henry		DEGR	EE PHYS.	MED. DIRECTOR	STAFF PHYS.	4	-29-6	8
	22d. PHYSICIAN'S NAME (Type) Charl	es F. Hess	M.D.		22e. ADDRESS St	mi ths	burg, Mar	yland	2178	3
230.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CEMI	ETERY OR	CREMATORY	23d. L0	OCATION (City or Tawn) ((County)	(Stote)
	OCHIONIAL CO. 16 1	-29-1968	Grossn			MVA	rsville	Fre	a M	id -
24.	FUNERAL DIRECTOR	10 13:14	ADDRESS		250. REC'D	PY REGISTI	0 1968 REGIS	TRAR'S SIG	NATURE	
	Faul	F. Bittl	e, Myers	vil:	le Md DATE	Th 3	0 1968	ruas	les &	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs at to Hospital or attending Physician: The law requires that the death certificate be executed within 24 haurs.at Page 4 may be retained by the haspital or attending physician.

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VR A15 (4) 30M REV. 1/68

M. Lie, B. St. Lvering . 25 . Siglar Marchia Baggara (1992).

	60203		CERTIFIC	ATE OF	DEATH			· ·	6263
	DECEASED-NAME First	Middle		Lost		2a. DATE OF DE	ATH		2b. HOUR
	(Type or print) Lena	Caroyln	Ha	rshman		Apri	Manth 2 Pay	1988	5:10PM
3. 5	SEX	4. RACE	0.1	S. DATE OF B	IRTH	6.	AGE (In years lost birthdoy)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	White		Apri	1 18, 1	913	78S.	MONTHS DAYS	HOUKS MIN.
7a.	Boonsboro, Md.	U. S. A.	WIDOWED		RCED	COUNTY OF DE Washi	ngton		Md
	CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL OR IN give street address) washing ton					nd of work dane , even if retired.)	12b. KIND OF INDUSTRY Own Ho	BUSINESS OR ome
	n USUAL RESIDENCE (Where deceased mission) _STATE Maryland	lived, if institution; Residence before 13b. COUNTY Washington	Boons		13d. INSIDE CITY LIM YES NO		T AND NUMBER Della La	ne	
14.	FATHER'S NAME First	Middle Last	1	S. MOTHER'S M	AIDEN NAME Fir	st	Middle		Last
	Daniel	W. Emmert			Ne	ttie	В.	Fo	oltz
	a. WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown) (If yes give war o			informant Glen	n S. Ha	rshman.	Beensb 108 Dell	oro, Mo a Lane.	
	PART I. DEATH WAS CAUSED B	one couse per line for (o), (b), ond (c) BY: CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (c)	ropen	eloge	nia	Leng	leneñ		MATE INTERVAL INSET AND DEATH STORY MATERIAL MATERIAL
CERTIFICATION	2041	TIONS CONTRIBUTING TO DEATH BUT N		O THE TERMINA			N PART 1(0) S, WERE FINDINGS CO	ONSIDERED IN C	ERTIFYING
TIFIC				YES _	NO S	CAUSES OF	DEATH?		
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH		9				n Port 1 ar Part 2, 1	,	
W	While Nat while ot wark of work	ACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		/		City ar		County	Stote
	saw the deceased aliv	haspital) attended the decease of an Alberta (I) (we) (did) (did not) view the	19 48, an	that in (m		ian death occ	urred an the da	te and haur	(I) (we) las and fram the

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tu director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages Ashquld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

uneral

22b. SIGNATURE

DEGREE

ATTENDING PHYS.

MED. DIRECTOR

22c. DATE SIGNED 4-29-68

230. BURIAL, CREMATION, BEMOVAL (Specify)

PHYSICIAN'S

NAME (Type)

23b. DATE 4- 27-

Edson B. Moody

68

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DATE

23c. NAME OF CEMETERY OR CREMATORY
Boonsboro Cemetery

23d. LOCATION (City or Town) (County) (State)
Boonsboro, Wash. Co., Md.

Cleveland Ave. Hagerstown, Md.

FUNERAL DIRECTOR

ADDRESS

M.D.

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VR A15 (4) 30M REV. 1/68

and Director Rowland, Clear Spring, M

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				42.41111	V. DE/////								
1. DE	CEASED-NAME First		Middle		Lost		TE OF DEATH	V	2b. HOUR				
(1)	Ype or print) ANNIE	MAR	IA	HAR	TLE	A	pril Month 1968	B Yeor	5. P				
3. SE		4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.				
	Female	wh	ite		Febv 14	187	lost birthdoy) 92 YRS.	MUNIHS UATS	HUUKS MIN.				
7o. 8	SIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA		8. MARRIED	NEVER MARRIED		TY OF DEATH						
coun	Marvland	USA		WIDOWED		W	ashington		M				
10. C	ITY OR TOWN OF DEATH	11. NAI	ME OF HOSPITAL OR IN	STITUTION (If		AL OCCUPA	ATION (Kind of work done	12b. KIND OF	BUSINESS OR				
	Williamsport	give st	reet oddress)	t Sar	atarium during m	HOUS	rking life, even if retired.)	INDUSTRY	n Home				
130.	USUAL RESIDENCE (Where deceos	ed lived, if institution	on: Residence before	13c. CITY O	R TOWN 13d. INSIDE CITY L	LIMITS? 1	3e. STREET AND NUMBER						
odmi	ssion) as IATE land	Tashin	gton	Hager	stown YESTER N	0 7	122 Potoma	c Ave					
_	ATHER'S NAME First	Middle	Lost		IS. MOTHER'S MAIDEN NAME	First	Middle	THE ST	Lost				
	John I. S	Summer		- 200	Annie M.	Ba	chtel						
160.	WAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECURITY	NO. 17.	INFORMANT -		Address		A				
Y	es, no, or unknown) (If yes give w	vor or dates of service)	Mone	A	rs Marie A.	Ha	rtsock wol	ler Ap	t				
	18. CAUSE OF DEATH (Enter on	ly one couse per line			uagersto			APPROXI	MATE INTERVAL INSET AND DEATH				
	PART I. DEATH WAS CAUSE	D BY:	erebral	arte	riosclerosi	S	700	Inde	finite				
	437 a IMMEUN		A CONSEQUENCE OF						m Trons				
	Conditions, if ony, which gove				rioscleros	is		Inde	finite				
	rise to immediate couse (o),	1 /	A CONSEQUENCE OF		2 1000 101 00								
	stoting the underlying couse lost.	(c)											
	PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISEASE OR	CONDITION	GIVEN IN PART I(o)						
~		Chronic menhritis											
CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PE	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING								
TIFIC					YES NO 2	CAUSES OF DEATH?							
MEDICAL	OR CONTRIBUTING CAUSE OF DEA'	HOUR A.M.		9									
ME	21d INJURY OCCURRED 21e				LOCATION Street or R.F.D. No	0.	City or Town	County	Stote				
	21d. INJURY OCCURRED While Not while of work 12 tended, the deceased from Dec. 19, 19 63, to April 9, 19 68, that (I) (we) las sow the deceased olive on 19 00 and that in (my) (our) opinion death occurred on the date and hour and from the												
	22a. I certify that (I) (th	is hospital) atte	nded, the deceos	ed from_	Dec. 19,19_	03, 1	o April 9, 19	oo, that	(1) (we) la				
	sow the deceased of causes stoted above	live on	I'GH O	19_00 a	nd that in (my) (our) op	pinion de	eoth occurred on the d	ate and hour	ond from th				
		e, (i) (we) (ala) (ala not) view the	body one	r deom.	-	220	DATE SIGNED					
	22b. SIGNATURE	11.0	lles) DE	GREE PHYS.	MED. DIRECTOR	CTAFF A	oril 10	1,1968				
	22d. PHYSICIAN'S	Muli	7		22e. ADDRESS	48	West Washin	ngton S	treet				
	NAME (Type) B.	B. Kne	isley, I	M.D.	F	lage	rstown, Mar	ryland					
220		DATE	23c. NAME OF		R CREMATORY	23d 1	OCATION (City or Town)	(County)	(Stote)				
230.	DEMONIAL (C 'C)	12/68		-	Cemetery		gerstown W		, ,				
24		erstown	Md- ADDRESS	5	ZSo. REC'D			S SIGNATURE					
Ĩ.,	ndrew K. Co.	ffman Fu	ineral w	ome I	no DATE AP	R 1		anda O.	. 1.0				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Page should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours at VR A15 (4 30M REV. 1.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Lost

DATE

2o. DATE OF DEATH

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2b. HOUR

IF UNDER 24 HRS

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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the attending physician and campletely filled in by the sit permit. Then please remave carban papers. Page nation, or remaval, and in any event, within 72 hours at and in any burial-transit as the far use

Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be filed v

1. DECEASED-NAME April Month (Type or print) George Clark Hayes S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR (Bidirthdoy) White October 22, 1878 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)Pennsylvania USA Washington WIDOWED A DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR drienstrivertablic even if refired Baldwin Lecoper giver treet didress) Maner Conv. Home Hagers town 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Washington R.F.D. Hagerstown 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Middle Milliken Thomas Haves 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Hagerstown, Maryland Yes, no, or unknown) 165-03-6734A Mrs. Charles M. Snapp RFD #2 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) neu landuic DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) hrowice rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗍 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at work at work 22a. I certify that (I) (this hospital) attended the deceased from Jan 1962, to ann saw the deceased alive on Alarsh 29, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady ofter death. 22b_SIGNATURE 22c. DATE SIGNED DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) nen cer 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Spicify) April 23,1968 Arlington Cometery Philadelphia, Phila, Penna, 250. RECOUNTRICK Williamsport, Maryland.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16267 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED-NAME First Last 2b. HOUR (Type ar print) MYRTLE Manth 25 Day BELLE HELLER 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR 6. AGE (In years last birthday) MONTHS 4.29.1892 WHITE FEMALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED CUMBERLAND U.S.A. WIDOWEDX DIVORCED WASHINGTON 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR most of warking life, even if retired.) give street address) HANCOCK 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🔍 NO W. MAIN ST. HANCOCK 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last JOHN HAHNE MARY TALLEY 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknawn) MAIN ST. HANCOCK NHOL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION CAUSES OF DEATH? YES 🖂 NO 7 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or 21d. INJURY OCCURRED 21e. PLACE OF INJURY R.F.D. Na. City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an-22b. SIGNATURE 22c. DATE SIGNED PHYS. DIRECTOR 22e. ADDRESS PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION REMOVAL (Specify) HANCOCK WASHINGTON MD. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. physician and campletely filled in by the fee on please remave carban papers. Pages ' within 72 hour and in any event, ar remaval, crematian, burial-transit signed by as the O FUNERAL DIRECTOR: After this certificate has been Health prior ta TO. detached director, page

30M REV 1/68

FUNERAL DIRECTOR

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IF LINDER 1 YEAR

2b. HOUR

IF LINDER 24 HRS.

HOURS

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND OFATH

Stote

County

(County)

CERTIFICATE OF DEATH DECEASED-NAME 20 DATE OF DEATH First Middle OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death (Type or print) 3. SEX lost birthdoy) 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? signed by the attending physician and campletely filled Titrely burial-transit permit. Then please remove corbon advers. 8. MARRIED NEVER MARRIED country) Washin9 WIDOWED [7] DIVORCED [10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) give street oddress) illiamsPort Homew 00 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY ond in ony 14 FATHER'S NAME Middle meitt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) 115-36-6515A 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) cremation, Conditions, if ony, which gove) burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TY YES 🔲 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram least 27, 1965, ta 4, 17, 1965, that (I) (we) last saw the deceased alive an 4-17, 1966 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. director, page 3 should be filed v 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS OTTTad 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23o. BURIAL, CREMATION, Walkersville, Frederick, Md. BREMOVAL (Specify) 4-20-1968

Glade Cemeterv 250. REC'D BY REGISTRAR 1968 Frederick. Maryland

VR A15 (4) 30M REV. 1/68

24. EUNERAL DIRECTOR

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HOURS

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BETWEEN ONSET AND DEATH

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POTOMAC ST.

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

WASHINGTON

Middle

ALICE

2b. HOUR A

CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH First ourial-transit permit. Then please remave carbon papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 hours after death (Type ar print) ELIZA EDNA HOOVER 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX last birthday) JUNE 18, 1881 FEMALE requires that the death certificate be executed within 24 haurs campletely filled in by 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED U.S.A. MARYLAND WIDOWED [DIVORCED 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital attending physician una composition narmit. Then please remave carbon HAGERSTOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY MARYLANI HAGERSTOWN NORTH POTOMAC STREET 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First First Middle MARY ELDER A. HOOVER 426 Address N 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, no or unknown) AVAILABLE MRS. ALICE H. BELL. HAGERSTOWN. MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) the Canditians, if any, which gave) Thrombosis of rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF

(c) Adenocarcinoma of signed by stating the underlying cause colon with PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tak Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? Sigmoid obstruction YES X NO [far use directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. (If either, natify medical examiner) 3 shauld be detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Nat while at wark 22a. I certify that (1) (this maximize and the deceased from 3/27, 1968, to 4/24, 1968, that (1)(1)(1)(1) last saw the deceased alive an 7/24 1968, and that in (my) (30)(1) opinion death occurred an the date and hour and from the causes stated abave, (I) ((did (did tot) view the bady after death. 22b. SIGNATURE **ATTENDING** PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) O. D. SPRECHER. 1229 RAVENWOOD HEIGHTS. 23a. BURIAL, CREMATION REMOVAL (Specify) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

HACEPSTOWN

2Sa. REC'D BY REGISTRAR APR 29

(State) (Caunty)

HAGERSTOWN, MD

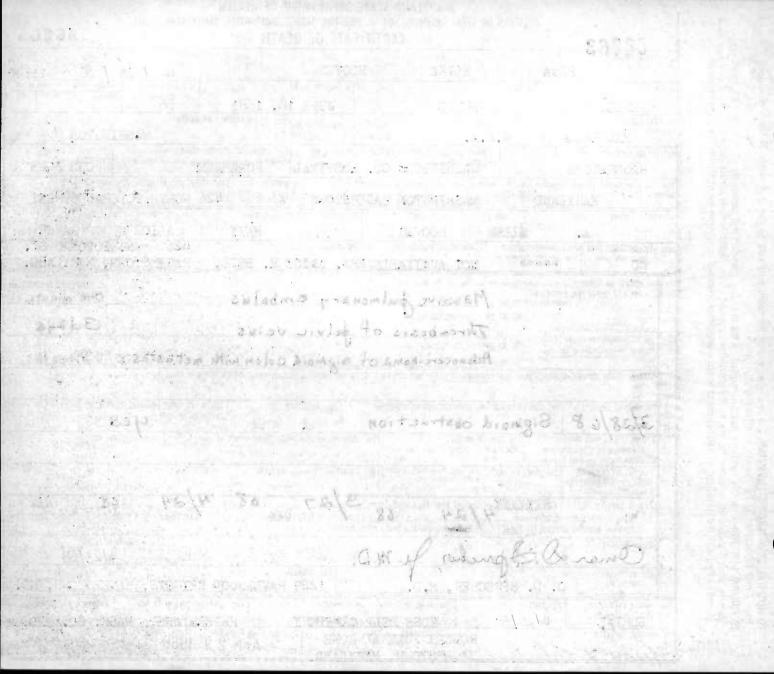
State

HAGERSTOWN WASH 256 REGISTRAR'S SIGNATURE

County

22c. DATE SIGNED

4/25/68



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uneral ond 2

TOFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

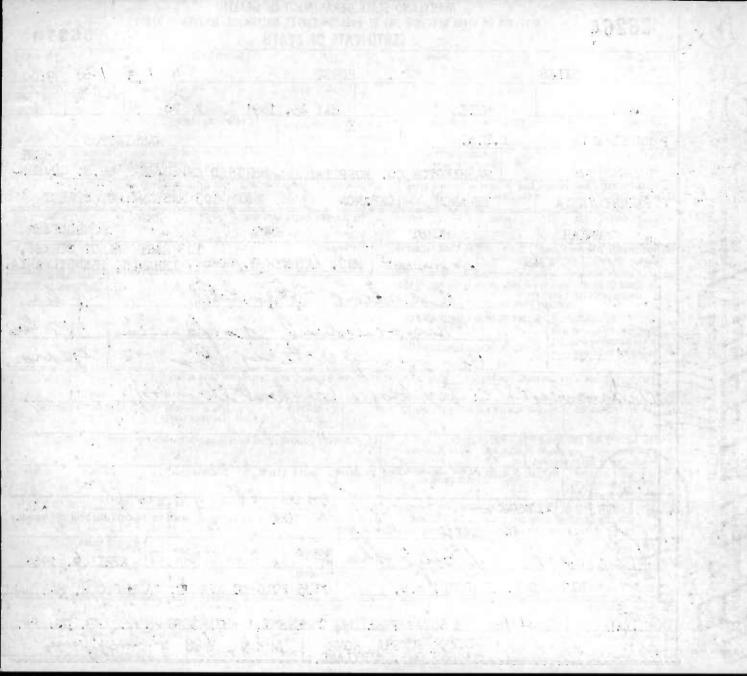
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after deoth.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

					OF DEATH			- 42	2 4 17
	ECEASED-NAME First Type or print)		Middle	1	ost	2a. DATE OF	DEATH Month Day	Voor	2b. H(
- (MILE MILE	S		HOR	ST		4 / 5	/ 68	9:0
3. S	EX	4. RACE		S. DA	TE OF BIRTH		6. AGE (In years	IF UNOER 1 YEAR	IF UNDER 24
	MALE	WHIT	E	N.	AY 25, 18	91	last birthdoy) 76 YRS.	MONTHS DAYS	HOURS
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT CO	OUNTRY? 8.	MARRIED X NE		9. COUNTY OF	DEATH		
F	ENNSYLVANIA	U.S.A.		WIDOWED 🔲	DIVORCED [WASHT	NGTON	
10. (CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL OR INSTIT	UTION (If not in h	ospital 12a. USL		(Kind af work done	12b. KIND OF	BUSINESE
	HAGERSTOWN	give street of WASH	TNGTON CO	, HOSPI	TAT. during n	ETIRED	ife even if retired.)	LINDUSTRY	GOVEF
	USUAL RESIDENCE (Where decea	sed lived, if institution: R	esidence hefore 13	c. CITY OR TOWN	13d. INSIDE CITY	LIMITS? 13e. STI	REET AND NUMBER		
adm	PENNSYLVANIA	13b. COUNTY_LEBA	NON / I	EBANON	YES N	10	3 EAST WAI	NUT STR	EET
14.	FATHER'S NAME First	Middle	Last	IS. MOT	HER'S MAIDEN NAME		Middle		Last
	URIAH		HORST		EMM	A	L	OBERHO	LTZEF
	. WAS DECEASED EVER IN U.S. AR	MED FORCES?	SOCIAL SECURITY NO.	17. INFORM			103 EASTS W	ALNUT S	TREE
	res no or unknown) (If yes give to		T AVAILABL	E MRS.	KATHRYN	R. HORS	I, LEBANON		
	18. CAUSE OF DEATH (Enter or		(a), (b) and (c).)	1 -	00	-11	101		MATE INTERVA
	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	Car	dear	Sas	rdete	el	1	lix
	4109	DUE TO, OR AS A C	ONSEQUENCE OF		101		1 -11		
	Conditions, if ony, which gove	165	nun	Tan	lind	nna	arlen	4 /	20
13	rise to immediate couse (a), stating the underlying cause	(b) DUE TO, OR AS_A C	ONSEQUENCE OF		1	1	7 c		
	last.	(c) CA	non	any o	arter	1 de	is .	10	en
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	O DEATH BUT NOT	RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVEN	IN PART 1(g)		
z	allevorde	cated an	Ser De	01	erelin	Delle	mors.	/	
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OF	PERATION WAS PERFO	RMED 2	a. AUTOPSY?		YES, WERE FINDINGS (CONSIDERED IN C	ERTIFYING
TIFIC					YES NO	CAUSES	OF DEATH?		
	210. ACCIDENT WAS UNDERLYII			21c. HOW IN	URY OCCURRED (Ent	er noture of injur	y in Port 1 ar Part 2,	Item 18.)	
MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF OEA (If either, natify medical exami		nth Doy Year 19						
ME	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HO	ME, FARM, STREET, FACTOR BUILDING, ETC.	Y.) 21f. LOCATIO	N Street or R.F.D. N	a. City	or Town	County	Sto
	at wark at work				20.50	1.0	- '1	18	
	22a. I certify that (I) (the sow the deceased of	ix kospital) attended	the deceased	from 1	19.19	0_, to	2 april, 19	_, that	(I) (XXX)
	sow the deceased of	live on (1:4) (did	19	dy ofter method	tinh (my)X(ò@x) op	inion deoth o	occurred on the do	ote ond hour	ond from
	22b. MGNAJURE	e' (i) (XA) (gia) (giá)	view the boo	uy oner geom	•		22,	DATE SIGNED	
	Mallen	11 (1	Snolla	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF C	APRIL 6.	106
	2/d. PHYSICIAN'S	100	in die	1	22e. ADDRESS	DIKECTUR -	rnis. 🗀 📗	Trill o	1900
	NAME (Type) RICHA	RD T. BINFO	RD. M.D.		1135 POTC	MAC AVE	NUE. HAGER	RSTOWN	MARY
230		DATE	23c. NAME OF CEN	AETERY OR CREM			N (City or Town)	(County)	(State)
200.	REMOVAL (Specify)	4/9/68			CEMETERY.		LBERG TWP.		10. P
24.	FUNERAL DIRECTOR	4/3/00			2Sq. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	JU. I
(1/1 00.	/ ROU	ZER FUNE	RAL HOME	I APR	9 _ 19	88 yella	res yes	1



VR A15 (4) 30M REV. 1/68

Albert L. Leaf Williamsport Maryland

24. FUNERAL DIRECTOR

ADDRESS

25a. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

36273

DECEASED-NAME Middle 2a. DATE OF DEATH First Lost 2b. HOUR (Type or print) physician and campletely filled in by the funera en please remave carban papers. Physic X end Floyd Maxwell Kretsinger April 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNCER 24 HRS. 6. AGE (In years last birthday) MONTHS HOURS 69 Jan. 15, 1899 Male White ban papers. Par within 72 haur 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED [Washington Washington U.S.A. 12a. USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
Washington County Hospital Farmer INDUSTRY Orcharist Hagerstown event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) Maryland Washington Hagerstown YES [Chewsville . Wash . County in any IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Frank H. Kretsinger Emma Beard and 162 SOCIAL SECURITY NO. 61 9. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, na, or unknown) Mrs. Beulah Hoover Smithsburge, Md signed by the attending phy 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) C (057 crematian, Canditions, if any, which gave: rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been be detached for use as the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO D 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased glive on 1966, and that in (n 1968, and that in (my) (1967) apinion death occurred on the date and haur and fram the saw the deceased alive on_ shauld causes stated above, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS thsburge, Maryland. F. Hess NAME (Type) Charles directar, plnous 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 230. BURIAL, CREMATION, (County) REMOBAL Specify 1 21 /68 Mausoleum Smithsburg Maryland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR And Part Wricker. Coffman Funeral Marie Inc. 1968 30M REV Hagerstown . Maryland.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar

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bus sejeta er idet egirt.	1 ant	April / 21/03 - Just Jan - Vieral Tore town, Laryland,	A LELINA LIOLA COLL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2o. DATE OF DEATH 2b. HOUR PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type or print) physician and campletely filled in by the funeral en please remove carban papers. Pages 1 and 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS DAYS HOURS White 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED 12a. USUAL OCCUPATION (Kind af wark dane within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** GERSTOWN LASHING-TON event, 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last DUARD ATRICI 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (Il yes give war or dates of service) attending physoermit. Then p remava 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: Immaturity 35 minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🗍 far use O FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year of (If either, natify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County State City or Town While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 4-15, 1968, ta 4-15 ____, 19 6 8 , that (I) (we) last __19 💪 and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an 4-15 shauld causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** directar, page 3 shauld be filed v DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) CFRSTOW. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 23a. BURIAL, CREMATION REMOVAL (Specify) 1968 WASHINGTON COUNTY HOSPITAL HAGERSTOWN, MARYLAND 25a. REC'DABO PEGISTRAR 30M REV. 1/68 DATE

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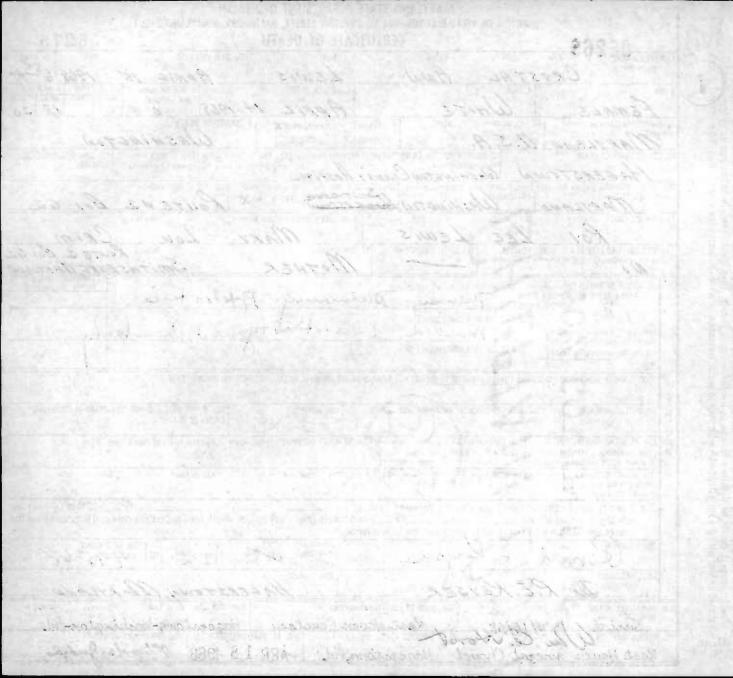
By Maring Land

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED-NAME First		Middle	Last	2a. DATE OF DEATH Month	Dov. Yeor
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	1-EMALE	WHITE	Z 10	APRIL		O YRS. /-
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14. [FATHER'S NAME Ejrst	Middle	last	15. MOTHER'S MAIDEN NAM	AE First	Middle to
	Roy	LEE L	EWI5	Me	ery Lou	CRIM
	WAS DECEASED EVER IN U.S. AR. (es, no_or unknown) (If yes give	MED FORCES? 16b. SOC	CIAL SECURITY NO.	17. INFORMANT		Address ROUTE 2 A
	es, no of diknown)	and di doles di servico)		MOTHER	Sa	THS BURG, MAI
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MEDICAL	Idest.	CONDITION FOR WHICH OPER ING 21b. TIME OF INJURY HOUR A.M. Month P.M. PLACE OF INJURY (AT HOME, OFFICE BUT IN 1 AT HOME	DEATH BUT NOT RELAT ATION WAS PERFORMED 1 Day Yeor 19 FARM, STREET, FACTORY, 2 1 the deceased from 19 1) view the body at 2 3c. NAME OF CEMETER	20a. AUTOPSY? YES NC Ic. HOW INJURY OCCURRED (If. LOCATION Street or R.F.D. ond that in (my) (our) ter death. DEGREE ATTENDING PHYS. 22e. ADDRESS	20b. IF YES, WERE CAUSES OF DEATH? Enter nature of injury in Part 1 Na. City or Town 9, to	FINDINGS CONSIDERED IN CERTIF or Part 2, Item 18.) Caunty

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages the should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours of the death.



after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION OF	VITAL RECORDS,				ORE, MAR	YLAND 21201		-	A 14.	
	06270			CERTIFIC	ATE OF DE	ATH			100	Ub	27	6
	ECEASED-NAME First	11	Middle	/	Last		2a. DATE OF		71/	Voor	2b. H	IOUR
1	(ype or print) Anna	Ma	Tilda	411	ndstr	om		Apr	2 /	968	10%	30P
3. SE	X	4. RACE		-alinh	S. DATE OF BIRTH			6. AGE (In years lost birthoay)	MONTHS	DAYS	HOURS 1	24 HRS.
	Female	Whi	te		Sept.	1,1882	2	85 YRS		DAIS	INDUKS	Hills
7o. l	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MARRIED	9.	COUNTY OF					
(00)	Sweden	USA		WIDOWED	DIVORCED		WA:	SHINGTON			-	Md
10. (HAGERS TOWN	give s	ME OF HOSPITAL OR INS treet oddress)		ot in haspital	12a. USUAL (during most	of warking	(Kind af wark dane life even if retired.) 110	12b. INDL	KIND OF B JSTRY	USINESS	OR
	USUAL RESIDENCE (Where decease					INSIDE CITY LIMITS		REET AND NUMBER			-	
adm	ission) STATE Wash D.C	DIST	of Columb		h. D.C. YES		_	22 Border	Driv	<i>r</i> e		
	FATHER'S NAME First	Middle	Lost	15	. MOTHER'S MAIDER	N NAME First		Middle			Last	
	Karl J.	Pearsson	1			Johan	ma	?				
160	WAS DECEASED EVER IN U.S. ARM	MED FORCES?	16b. SOCIAL SECURITY		NFORMANT			Address		P.L	50	D.,
'	(es, no, or linknown) (If yes give w	rai oi adies di saivicoj		R	obert L.	Chris	stie	Same as	# 13		ATE INTERV	
	1B. CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE IMMEDI) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COI	D BY: ATE CAUSE (a) DUE TO, OR A (b) DUE TO, OR A (c)	S A CONSEQUENCE OF	Myo	ressel	Para	thro	general (a)	2	ge ge	set and by	a ATH
	4001 PART 2. OTHER SIGNIFICANT CON	To For	0	SI KELAILU	THE TERMINAL OF	OA A	e and	THE TAKE I(O)	1			
MEDICAL CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHI	ICH OPERATION WAS PE	RFORMED	20a. JUTOPSY?	NO 🗆		YES, WERE FINDINGS OF DEATH?		ED IN CER	RTIFYING	
CAL CER	210. ACCIDENT WAS UNDERLYING CAUSE OF DEA	HOUR A.M.	Manth Day Yeor		OW INJURY OCCURR	ED (Enter n	ature of inju	y in Part 1 or Part 2	, Item 18.)		
WED	(If either, natify medical exami 21d. INJURY OCCURRED 21e. While Nat while at work of work	PLACE OF INJURY	1' At Home, Farm, Street, Fai Office Building, etc.		OCATION Street or	R.F.D. No.	City	or Town	Coun	ty	St	tate
	22a. I certify that (I) (the saw the deceased a causes stated above	live an Y	7-68	9, an	d that in (my) (our) apini	, ta an death o	accurred on the		, that I hour a		e) las im the
	22b. SIGNATURE	m/3,	Dei	DEGI	ATTENDING PHYS.	☐ MED DIRE	CTOR	STAFF PHYS. 22	DATE SIG	SNED 3-6	8	-
	22d. PHYSICIAN'S NAME (Type)	in G	Rile	X,	22e. ADDRESS	Pen	hd,	Hagersi	tow.	n,1	16	
	BURIAL, CREMATION, 23b.	DATE ./8/68	23c. NAME OF Wester				23d. LOCATIO	ON (City or Town) n. Tll.	(Caur	nty) 🕇	(State))

2Sb. REGISTRAR'S SIGNATURE

Milandas Judges

2So. REC'D BY REGISTRAR

1968

DATEA DO

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carloterer filed in 1977 the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye caben papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

²⁴ FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 4308 Suitland Road, Suitland, Maryland

Metilde Lucisticus Ign = 1988 mas i tet ot o 0.14. eries seems Signification as as a seem of the state of the seems of th of the out of the state of the office of the out of the Mixendeel Thrombons 4865 Unteresclaroca, Journel spense Belitard below prouver 49 -1-4 13 -1 -11 89-1-4 Edwin G. Reyley 1500 Penna Hagerstown NE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

							6.11
1. DECEASED-NAME	First	Middle	Last	2a.	. DATE OF DEATH		2b. HOUR
(Type or print) LESL	IE LAWRE	VCE I.	UGAR		April 5 196	Year Year	12.30
3. SEX	4. RACE		S. DATE OF BI	RTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	White		Febr	22 1888	B last birthday) 80 YRS.	MONTHS DAYS	HOURS MIN
7o. BIRTHPLACE (Stote or foreig		INTRY? B. MAD			UNTY OF DEATH		
country)			RIED 🔀 NEVER MAR WED 🔲 DIVOR	KIED			
Virginia	U.S.	HOSPITAL OR INSTITUTION		120 USUAL OCC	Washington CUPATION (Kind of work done	TION KIND OF	Md. F BUSINESS OR
10. CITY OR TOWN OF DEATH Hagerstown	nive street o			during most of	working life, even if retired.) graph Operat	INDUSTRY R.	R.
	deceosed lived, if institution: Re		Y OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
odmission) STATE Maryland	Washing	ton Hage	rstown	YES NO	140 55 MUT	berry	St
14. FATHER'S NAME First	Middle	Last		IDEN NAME First	Middle		Lost
No Reco	rd		N	Recur	1		
IAG WAS DECEASED EVER IN II	APMED FORCES? 166 S	OCIAL SECURITY NO.	17. INFORMANT		Address		
Yes, na, ar unknown) (If y	is give war or dates of service)	09-0855 M	ra Mary	B. Tuner	ar 148 So Mu	Therry	z St
						APPROXI	IMATE INTERVAL
PART I. DEATH WAS	ter anly ane cause per line for I	(o), (b), and (c).)		rstown	Md.		ONSET AND DEATH
1/0/ 1	CAUSED BY: IMEDIATE CAUSE (a) PNE	umours BI	CHTERM			26	2240
486X	DUE TO, OR AS A CO	INSEQUENCE OF					
Conditions, if any, which	gave) (b)						
rise to immediate cause stating the underlying c	TO OD AC A CO	INSEQUENCE OF					
last. 4490 X	(c)						
PART 2. OTHER SIGNIFICAL	T CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO THE TERMINAL	DISEASE OR CONDIT	TION GIVEN IN PART 1(a)		
Non-Server	LSLOTIC CARSI	- Vince	DISTANCE	- CERE	same Arterios	212024	
19a. DATE OF OPERATION 21o. ACCIDENT WAS UND	19b. CONDITION FOR WHICH OP				20b. IF YES, WERE FINDINGS		ERTIFYING
Z THE STREET	175. CONDITION TOX WITHCH OT	ENAME TO THE ENGINEER	YES 🗀	NO.	CAUSES OF DEATH?		
210. ACCIDENT WAS UND	DIVING TOLL TIME OF INJUST	ov In			re of injury in Part 1 or Part 2,	Name 101	_
		th Day Year	IC. HOW INJURT OCC	UKKED (Enter natu	re at injuty in Pari 1 at Pari 2,	irem (b.)	
(If either, natify medical	exominer) P.M.	19					
≥ 21d. INJURY OCCURRED While □ Nat while □ at wark □ at work	21e. PLACE OF INJURY (AT HOA	AE, FARM, STREET, FACTORY.) 2 BUILDING, ETC.	1f. LOCATION Stree	t or R.F.D. No.	City or Tawn	County	State
22a. I certify that () (this hospital) attended	the deceased fran	18 SEPT.	1963	, to Atrau 5 , 19	(68), that	t (I) (we) last
saw the deceas	ed olive on April	1968	, and that in (m	y) (our) opinion	deoth occurred on the d	ote ond hour	ond from the
causes stated a	bove, (I) (we) (did) (did r	ot) view the bady a	fter death.				
22b. SIGNATURE	8		ATTEMPIA	IC MED		DATE SIGNED	
000	the and	m.D.	DEGREE PHYS.	IG MED.	OR PHYS.	APRIL 1	968
22d. PHYSICIAN'S			22e. ADD				
NAME (Type)	I.M. FEHDER		218 h	4. POTOMAC	Sr. HAGELLTO	wn, W	. 6.
23g. BURIAL CREMATION,	23b. DATE	23c. NAME OF CEMETER			I. LOCATION (City or Town)	(County)	(Stote)
REMOVAL (Specify)	4 4					,	,
DUTIAL	4/8/68	nest na	ven cem	etery Int	egerstown Was	S SIGNATURE	Md
24. FUNERAL DIRECTOR	agerstown M	d. ADDRESS		DATE APR	1968 FCL	and Jo	edge "
Andrew K.	Coffman Fun	eral Home	Inc	DATE AT 13 %	- 1999	To the	10

ars ofter deoth. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician ond completely villed in by the (un director, page 3 should be detoched for use as the buriol-tronsit permit. Then please remove corbon papers. Pages the Dshould be filed with the State Dept. of Heolth prior to buriol, cremation, ar removal, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed withi Page 4 moy be retained by the hospital or attending physicion.

A FILLSY XI ..

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

36278

06275		CER	RTIFICATE OF DEATH		00210
1. DECEASED-NAME (Type or print)	First	Middle	Last	2a. DATE OF DEATH Manth	Day Year A
(Type of print)	PHYLLIS	VIRGINIA	MARTIN	April"	25 1968 10:
3. SEX	4. RACE		S. DATE OF BIRTH	6. AGE (In last birth	yeors IF UNDER 1 YEAR IF UNDER 24 H
Female		White	June 21	1914 53	YRS. MONTHS DATS MOOKS W
o. BIRTHPLACE (Stote	or foreign 7b. CITIZEN	OF WHAT COUNTRY? 8.	MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
Maryla	d U.	S.A. W	IDOWED DIVORCED	Washing	ton
10. CITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL OR INSTITU	TION (If not in haspital 12a. US	SUAL OCCUPATION (Kind of w	ark dane 12b KIND OF BUSINESS OR
Hagerst	OWD	Washington (ty Hospital	mast of working life, even if Housewife	Own Home
13a. USUAL RESIDENCE admission) STATE	(Where deceased lived, if in	nstitution: Residence before 13c	. CITY OR TOWN 13d. INSIDE CIT	NOC	
Marylan			gerstown x	- 208 AI	exander St.
14. FATHER'S NAME	First Mid		IS. MOTHER'S MAIDEN NAME		Middle Lost
Joh		n McNamee		vey Lee	
Yes, no, or unknown	ER IN U.S. ARMED FORCES? (If yes give wor or dates of serv	ice)	17. INFORMANT		AdHagerstown, M
no		None	William V.	Martin, 208	Alexander St
18. CAUSE OF D	EATH (Enter anly one cause IH WAS CAUSED 8Y:	per line for (a), (b), and (c).)	E'1 '00 to		BETWEEN ONSET AND DEATH
4100	IMMEDIATE CAUSE (a)	Venturelas	1 williams		30 kings
Caralistana ital		, OR AS A CONSEQUENCE OF	.0011		7-100
Conditions, if any rise to immedia	te couse (a) (b)	My yound	in organilis	7	1-10 way.
stating the unde		OR AS A CONSEQUENCE OF	to bhat live		u. Cinus
) (c	TOURISMS TO DEATH BUT NOT D	ELATED TO THE TERMINAL DISEASE O	D CONDITION CIVEN IN DADT 1	(1)
I/ 2 0/	GNIFICANT CONDITIONS CON	IKIBUTING TO DEATH BUT NOT K	ELATED TO THE TERMINAL DISEASE O	KCONDITION GIVEN IN PART I	(0)
19a, DATE OF OPER	ATION 1196 CONDITION FO	OR WHICH OPERATION WAS PERFOR	MED 20a. AUTOPSY?	20b JE YES WERE	FINDINGS CONSIDERED IN CERTIFYING
19a. DATE OF OPER	170. 20101110111	A THE COUNTY OF THE OR	YES Z NO	CALISES OF DEATH?	
		ME OF INJURY	21c. HOW INJURY OCCURRED (En		ar Part 2, Item 18.)
OR CONTRIBUTING (If either, notify		A.M. Manth Day Year P.M. 19			
	JRRED 21e. PLACE OF INJ) 21f. LOCATION Street or R.F.D.	No. City ar Tawn	Caunty State
While Nat w	iile 🔲	OFFICE BUILDING, ETC.		700	
22a. I certify	that (1) (this haspital)	attended the deceased f	rom 4/27, 19	68, to 4/25	, 19_64, that (I) (we)
saw the	deceased alive an	4125/ 196	3, and that in (my) (sturt) o	pinian death accorred o	an the date and haur and fram
	ated above, (I) (we)	(did) (did not) view the bad	y after death.		L OO DATE CIONED
22b SIGNATURE	1 5	Rol OON	DEGREE PHYS	MED. STAFF	22c. DATE SIGNED
22d, PHYSICIAN'S	can ()	1 shows	PHYS. 22e. ADDRESS	DIRECTOR PHYS. L	17/26/60
NAME (Type	William O,	Rexrote		WIH PROSPE	CT STREET
23a. BURIAL, CREMATIC			TERY OR CREMATORY	23d. LOCATION (City or T	
REMOVAL (Specify			111 Camatary	Hagerstow	
24. FUNERAL DIRECTOR	Charles and the control of the contr	ADDRESS	stown Masa. REC'D	BY REGISTRAR 2Sb. R	EGISTBAR'S SIGNATURE
A K. C	offman Fur	eral Home,	nc DATE A	PR 3 0 1968	ficharles Jusque

PHYLLIG VIRGINIA SYRTING AND ADDRESS 10.5 Femule June 31, 1914 1 55 .A.c. U bas fyrau dodanine s Angelstown - Alemanon Lastysah yta notjulteyk - awazeregeli Lityland - Mas Mington 'Hageratown x 208 Muximiles 3t. Jordan Calvin Notions Navey Lac Yeuroblood Si comexti esting V. Perlin ence

" 'Kuressens'!

autil denetery Magerstown, Pash. Pd. T.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06273		DIVISION OF	VITAL RECORDS, (FICATE OF		MORE, MAR	YLAND 21201	1.6	27	9
	CEASED-NAME	First		Middle		Lost		2o. DATE OF	DEATH		2b.	HOUR
(1	'ype ar print)	Ralph		Manon		Marti	n	A	Month [18 196	8	М
3. SE	X		4. RACE			S. DATE OF B	IRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER	
	Male			White		May	23,1905		last birthday) 62 YR	S. MONTHS DAYS	HOURS	MIN.
	BIRTHPLACE (State ar		b. CITIZEN OF WH	AT COUNTRY?	8. MARR	RIED NEVER MA	RRIED 7	COUNTY OF	DEATH			
	rambersbur		USA		WIDOV	WED DIVO	RCED 🔲		ashington		400	Md.
10. C	ITY OR TOWN OF DEA	ATH		ME OF HOSPITAL OR INS	STITUTION	(If not in hospital			Kind of work don	e 12b. KIND O	F BUSINESS	OR
	Hagersto			treet address) shington (y Hospit			fe, even it retired.	lmer Mo	rtua	ry
13o, odmi	USUAL RESIDENCE (Wission)	here deceosed		an: Residence befare	13c. CITY	Y OR TOWN	13d. INSIDE CITY LIM		EET AND NUMBER			
o di i i i	Marylan	ıd	13b, COUNTY	ngton	Hage	erstown	YES NO	LO:	25 Faire	iew Road	,	
14. F	ATHER'S NAME	First	Middle	Last		1s. MOTHER'S N	AIDEN NAME Fir	rst	Middle		Lost	
		wid	nnn	Martin			Els	ie			Manoi	n
	WAS DECEASED EVER		D FORCES? or dates of service)	16b. SOCIAL SECURITY I		17. INFORMANT			Address	10 . 1.	Md.	
	es, na, ar unknown)			186-01-07	23	Mrs. Ruth	Martin	1025	Fairvie			
				e far (a), (b), and (c).)						XIMATE INTER ONSET AND D	
	PART I. DEATH		BY: E CAUSE (o)	Corn	ua	re O	ccl	e é é		6	hoz	us
	410	9		S A CONSEQUENCE OF		/						
	Canditians, if ony,		(b)									
	rise to immediate stating the underly		1.7	S A CONSEQUENCE OF	-							- 1-5
	last.	mig coose)	(c)									
	PART 2. OTHER SIGN	NIFICANT COND	17	ING TO DEATH BUT N	OT RELATE	ED TO THE TERMINA	AL DISEASE ORCO	ONDITION GIVEN	IN PART 1(o)			
	4201											
ATION	190. DATE OF OPERAT	10N 19b. CC	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUT	OPSY?	2Db. IF	YES, WERE FINDING	S CONSIDERED IN	CERTIFYING	S
MEDICAL CERTIFICATION						YES	NO 🗆	CAUSES	OF DEATH?			
CER	210. ACCIDENT WAS				21	c. HOW INJURY OC	CURRED (Enter	noture of injury	in Port 1 or Port	2, Item 1B.)		
OICAL	OR CONTRIBUTING [HOUR A.M. P.M.	Manth Day Year	9							
ME	21d. INJURY OCCUR	RED 21e. P		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		If. LOCATION Stre	et or R.F.D. No.	City	ar Town	County	5	State
	While Nat while at work											
	22a. I certify t	not (I) (this	haspital) atte	nded the decease	ed fram	4-15	, 196	8, 10_4	-18	19 <u>68</u> , tho	t (I) (w	e) last
	saw the d			- 19	968,	and that in (n	ry) (our) apin	nion deoth o	ccurred an the	date and hav	r ond fro	m the
	22b. SIGNATURE	red above,	(I) (We) (ala) (did not view the	body di	ter deom.			1 00	2c. DATE SIGNED		
	22b. SIGNATURE	ohe	Al. L	Course	.uch	DEGREE PHYS.	NG ME	ED.	STAFF PHYS.		68	
	22d. PHYSICIAN'S	.0	u	20000	, , , ,	22e. AD		37(1)	Wast	1440	00	
	NAME (Type)	NOF	per-t 1	- C077	red		V	agen	treun,	med wa		Sig
230.	BURIAL, CREMATION,	23b. DA	ATE	23c. NAME OF	CEMETERY	OR CREMATORY		23d. LOCATION	(City ar Tawn)	(Caunty)	(Stote	3)
	REMOVAL (Specify)	4	/21/68	Rest	Have	en Cemete	eru	Hagers	town-Was	rington-	Md.	
24.	FUNERAL DIRECTOR	1.17	01	ADDRESS			25o. REC'D BY		2Sb. REGISTRA	R'S SIGNATURE		

Rest Haven Funeral Chapel Hagerstown, Md.

Arn 23

DATE

1968

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificote hos been signed by the attending physician and completely filled director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove corbon page should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in ony event, within Management of the state Dept. Page 4 moy be retoined by the haspital or attending physician. VR A 5 (4)

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		rise, Other service		
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	1911		W. A. L. S.	DAY OF THE
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Service Service	ala Baur ba	1000	nets religion	nt cost interest in the cost in

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

36280 CERTIFICATE OF DEATH 2b. HOUR Middle Last 2g. DATE OF DEATH DECEASED-NAME First (Type or print) Month 18 Apr 6:30% Clayton Marvin Mason 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINOER 24 HRS 6. AGE (In years last birthday) HOURS 4/6/05 Male White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country West Virginia WASHINGTON USA DIVORCED K WIDOWED [

10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital western MD. STATE HOSPITAL HAGERSTOWN 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13b. COUNTY Washington

during most of working life, even if retired.)
Night watchman 13d. INSIDE CITY LIMITS?

Hagerstown

YES X

15. MOTHER'S MAIDEN NAME First

13e. STREET AND NUMBER 23h West Side Ave. Middle Last

160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknown) (If yes give war or dates of service)

First

Maryland

16b. SOCIAL SECURITY NO. 17. INFORMANT 217-05-9568

1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

Carcinoma of lung

Last

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gave) rise to immediate cause (o), stating the underlying cousei

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o)

14. FATHER'S NAME

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION

20g. AUTOPSY?

20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

YES [NO X

21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATN HOUR A.M. (If either, natify medical examiner)

Manth Day Year P.M.

21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)

City or Town

12a, USUAL OCCUPATION (Kind of work done

Martha

County State

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVA

BETWEEN ONSET AND DEATH

l yr.

While Not while at work

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 220. I certify that (I) (MCHASKIN) attended the deceased from 10/2/67, 19, to 1/18, 1968, that (I) (MS) last sow the deceased olive on April 18 1968, and that in (my) (204) opinion death occurred on the date and hour and from the

couses stoted obove, (I) (3724) (did) (did) view the body ofter deoth. 22b. SIGNATURE

Domingo A. Garcia, M.D.

DEGREE

1500 Pennsylvania Ave., Hagerstown

22c. DATE SIGNED 4/18/68 22e. ADDRESS Western Md. State Hospital

22d. PHYSICIAN'S NAME (Type)

Domingo

23c. NAME OF CEMETERY OR CREMATORY Ap ril 20.68 St. Peters

23d. LOCATION (City or Tawn)

BENGWA (Sperify) 24. FUNERAL BIRECTOR

23o. BURIAL, CREMATION,

Thompson Funeral Home Clear Spring

2Sa. REC'D BY REGISTRAR 1968

Hancock Wash Md
GISTRAR 25b. REGISTRAR'S SIGNATURE Charles

VR A15 (4) 30M REV. 1/68

director, page shauld be filed

ofter death

law requires that the death certificate be executed within 24 hours

signed by the attending physician and completely filled fn i burial-transit permit. Then please remove carban papers.

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be retained by the haspital ar

O FUNERAL DIRECTOR: After this certificate

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36281 CERTIFICATE OF DEATH Item#1FilmGL01 BATE OF DEATH DECEASED-NAME 2b. HOUR (Type or print) Month -3. SEX 4. RACE AGE (In years IF UNDER 1 YEAR requires that the death certificate be executed within 24 haurs after last birthday) Male May 6, 1908 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED XXNEVER MARRIED Franklin Co.Pa. WASHINGTON DIVORCED [WIDOWED | 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of warking life, even if retired.)

Machine Operator give street address) HAGERSTOWN INDUSTRY WESTERN MD. STATE HOSPITAL 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE Washington YES 441 N. Prospect St. Hagerstown 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Mathra Katie Florence John Samuel Simons 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, arunknawn) (If yes give war or dates of service) 217-10-3378 Washington St. Hagerstown ar remaval, R.E. Mathra 919 by the attending phy 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF (anditions, if any, which gove) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couser signed l PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram_ , and that in (my) (aur) opinian death accurred an the date and haur and fram the saw the deceased alive an_ 19 0 be retained causes stated abave, (1) (we) (did) (did nat) view the bady ofter death. 22b. SIGNATURE PHYS director, page should be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) W.M. State Hospital Hagerstown, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION REMOVAL (Specify) Rest Haven Cemetery Hagerstown-Washington 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 Hagerstown Md. Rest Haven Funeral Chapel DATE

A ---Taines Enster Hothers Apr il 1968 3.10P THE TO LESS AND SECURE OF STATE (CSTANCE CONTROL OF STATE OF STA And the second of the second o APPROVAL SURSYSTEM SALAR roction breast and account of hing and they Qe., M.D. V 4-27-68 La record a commence of the state of the

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH

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OFUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by the fungrol director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Tangol should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in ony event, within 72 haurs after depth Poge 4 may be retained by the hospitol or attending physician. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

				,	LKIIII	AIL OF	DEATH							
1. DECEASED-NAME	First		N	Niddle		Last		2a. DATE O		2			2b. l	HOUR
(Type ar print)	STANL	EY	LE	ROY	Mo	COY		Ap:	ril 6	196	8	Yeor		h
3. SEX		4. RACE				S. DATE OF B	IRTH		6. AGE (In y	ears	IF UNDER		IF UNDER HOURS	24 HRS.
Male			Wr	ni te		Aug	2 18	89	78	YRS.	MONIHS	DATS	NOUKS	min.
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10. CITY OR TOWN OF			11. NAME OF HOS					AL OCCUPATION				KIND OF USTRY	BUSINESS	SOR
Hager			give street oddre					Stof warking			1110	JJIKI		
13o. USUAL RESIDENCE admission) STATE		lived, if ins	stitution: Reside	ence before	13c. CITY OR	TOWN	13d. INSIDE CITY LI	1.00.0	TREET AND NU		. 1			
	Md		shingt	ton H	agers	town)4 W.		nin	gro		t
14. FATHER'S NAME	First	Midd	lle	Last	15		AIDEN NAME F		٨	Middle			Lost	
	amin Mo		Tru soci	AL CECUDITY A	10 117 1	Aman	da Sha	ank						
Yes no, ar unknow	n) (If yes give war	or dates of service	e) 160. SOCI	AL SECURITY N			ry H.	MaCox		ddress	Wa	ghi	ng d	t
					dera		agers		Md.			APPROXIA	MATE INTERV	VAL
	DEATH (Enter only ATH WAS CAUSED	RY.			1		•		Ma.		-	BETWEEN O	INSET AND D	DEATH
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rise to immedi	ate cause (a),	(b).	OR AS A CONSE		0 2 (1	21071	4		1		-	0 1	-	3/_0
stating the und	derlying cause	(c)			2 7 2 11	VL O	erdio	1/255	5321 0	42	,	6.	415	-
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JIFIG						YES	NO 🗌	CAUSE	S OF DEATH?					
	WAS UNDERLYING	2.0.	AE OF INJURY		21c. H	OW INJURY OC	CURRED (Enter	r noture of inju	ry in Port 1 o	r Part 2,	Item 18.	.)		
	G CAUSE OF DEATH medical examine		A.M. Month P.M.	Doy Yeor										
ZIG. INJUKT OC	CURRED 21e. P	LACE OF INJU	JRY (AT HOME, FA			OCATION Stre	et or R.F.D. Na.	. City	ar Town		Caun	ty	S	tate
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saw the	e deceased ali [,] stated abave,	ve an	AP //	5	96 s, an	d that in (n	ıy) (our) api	nian death	accurred ar	n the do	ate and	haur	and fra	ım th
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(4)	on A	a.	111	1/	DEGR	REE PHYS.	NG M	NED.	STAFF PHYS.] 4	1/8	-/+	51	,
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23a. BURIAL, CREMAT	ION, 23b. D/	ATE	230	. NAME OF	CEMETERY OR	CREMATORY		23d. LOCATI	ON (City or To	wn)	(Cour	nty)	(Stote	2)
REMOVAL (Specif	1/9	/68	Re	st H	aven	Ceme t	erv	Hage	rstow	n W	agh	Co	Md	
24. FUNERAL DIRECTO	R Hager		n Md.	ADDRESS			2Sa. REC'D B	Y REGISTRAR	2Sb. RE	GISTRAR'	SIGNAT	URE .	man	2
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attending physician and cumpers. Pages figure permit. Then please remave carban papers. Pages figure burial, crematian, ar remaval, and in any permit. burial-transit signed by 1 physician. Page 4 may be retained by the haspital ar attending prior ta O FUNERAL DIRECTOR: After this certificate has been use as the af Health should be detached directar, page 3 should be detache shauld be filed with the State Dept.

requires that the death certificate be executed within 24 haurs aft

Item 18 film

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5-24-68

CERTIFICATE OF DEATH **DECEASED-NAME** First Middle Lost 2a. DATE OF DEATH John (Type or print) Harold Mellott April Moto, 1968 Year 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNOER 24 HRS male white Aug. 31, 1910 last birthdoy) MONTHS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Pennsylvania Washington USA WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) farming Hagerstown Hospital 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE Penna. 13b. COUNTY BigCove Tannery Fulton NO ON 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Lost Mellott Jacob Margaret Barmont 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) Helen Mellott, BigCove Tannery, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Hepato-renal syndrome PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark of wark 22a. I certify that (1) (this haspital) attended the deceased from _, 186 , to Apu 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS. 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAWON (City or Town) 23a. BURIAL, CREMATION, (County Licking Creek, Sidling Hill Cemetery REMOVAL (Specify) 5-2-68 Penna. Funeral Home, Hagerstown, Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MARYIAND STATE DEPARTMENT OF HEALTH

IVISION	OF VIT	AL RECORDS	, 301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	2120
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	First	Middle	Last	2a. DATE O			2b. H	OUR	
	Christian	Frederick	Meyer	A	pril 29 Day	1968			
3. SEX	4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 2	24 HR	
Male	WI	hite	Aug. 27,	1881	last birthday)	MDNTHS DAYS	HDURS	MI	
7a. BIRTHPLACE (State or fare)	gn 7b. CITIZEN OF WHAT C	OUNTRY? 8. MARRIED	NEVER MARRIED	9. COUNTY O	F DEATH				

Germany
10. CITY OR TOWN OF DEATH U.S.A. WIDOWED [DIVORCED [Washington 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) **Black Smith** give street address) **INDUSTRY** Hagerstown Retierd Washington
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before CountyHosp 3e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Mt.Aetna Road NO X

13b. COWTashington Hagerstown YES ... vland 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last

Martin Meyer Anna 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Haderstown, Md. Yenne ar unknawn) (If yes give war or dates of service) Mrs Sarah K. Meyer 218-12-8102

DART I DEATH WAS CAUSED	ane cause per line far (a), (b), and (c).) 8Y: E CAUSE (a) Ceyebra Thr	om bosis			ONSET AND DEAT
Canditians, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF (b) AVEYIOSE PEYOTIC	Cardiovaszuler	Disease	10	yrs.
rise ta immediate cause (a),(stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Manth Day Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.

(If either, natify medical examiner) (AT HDME, FARM, STREET, FACTORY,)
OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street ar R.F.D. Na City or Town County

While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram. 1969, and that in (my) (our) opinian death accurred an the date and have and fram the saw the deceased alive an.

causes stated abave, (1) (we) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED M.D ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. - 20-68 DEGREE

22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Charles F. Hess

Smithsburg Maryland (State)

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 23a. BURIAL, CREMATION, BWOYAK Spedin 2,1968 Weltys Cemetery Smithsburg, Md. May Near

Andrews Coffman Funeral Messe Inc. Hagerstown, Maryland.

2Sa. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ocharles Judge 1968

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State

VR A15 (4) 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs afte<u>r de</u>ath. burial-transit permit. O FUNERAL DIRECTOR: After this certificate has been signed by Page 4 may be retained by the hospital ar attending physician. director, page 3 should be detached far use as the

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Christian Frederick Meyer - 1968 1968

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Charles F. Mess M.D. Smithsburg (eash) aryland

Burial Nay 2,1968 Weltys Cometery test Smithsours, Va.

Angrewat. to their functual Home Inc. , Enelyse, anote speek

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	UC	663		CE	KIIFICATE OF D	EAIN			
1.	DECEASED (Type or		GEOR GE	ERNEST	MICHAEL	2a. DAT	OF DEATH PRILManth 12 Doy		26 POUR
3.	SEX M	ALE	4. RAC	WHITE	S. DATE OF BIRT	н 1/1880	6. AGE (In years last birthday) YRS.	MONTHS DAYS	HOURS MI
		CE (State or fore T VIRG		EN OF WHAT COUNTRY? 8. $J \cdot S \cdot A \cdot $	MARRIED NEVER MARRI VIDOWED NEVER MARRI	ED W	OF DEATH ASHINGTON		
RI	JRAL	TOWN OF DEATH HAGER		11. NAME OF HOSPITAL OR INSTIT		duringRETTR	ION (Kind of work done	12b. KIND OF B	BUSINESS OR FARM
	o. USUAL I missian)	RESIDENCE (Where	AND 13b. C	if institution: Residence before 13 OUNTY WASHINGTON	HAGERSTOW		RT#3		
14	. FATHER'S	NAME First	DREW W	Middle Last MICHAEL	IS. MOTHER'S MAIL	DEN NAME First ELL		ARD	Lost
10	Yes, na, g		U.S. ARMED FORCE If yes give war or dates of		17. INFORMANT 90 MRS E	RNESTINE	R®#3 HART HAG	ERSTOW	
		USE OF DEATH (ART 1. DEATH WA		use per line for (a), (b), and (c).)	iac fail	use		BETWEEN ON	NATE INTERVAL NSET AND DEATH
1	rise to	ans, if any, which immediate countries underlying	h gave) se (o),	TO, OR AS A CONSEQUENCE OF (b) TO, OR AS A CONSEQUENCE OF (c)	olised C	interio	sclenosis		
,	LUC	2. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE OR CONDITION (GIVEN IN PART 1(o)		
TIPLCATIO	19a. DA	TE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERATION WAS PERFO	RMED 20a. AUTOPS		b. IF YES, WERE FINDINGS CO USES OF DEATH?	ONSIDERED IN CE	RTIFYING
AFRICAL CER		CIDENT WAS UNDITRIBUTING CAL er, natify medical	ISE OF DEATH HO	o. TIME OF INJURY DUR A.M. Manth Day Year P.M. 19		`	injury in Part 1 or Port 2, I	item 18.)	
1	While at work]	OFFICE BUILDING, ETC.	Y.) 21f. LOCATION Street		City or Tawn	County	State
	22a.	certify that saw the dece causes stated	(I) (this haspi ased alive an- l abave, (I) (w	tal) attended the deceased 3/9/19/19/19/19/19/19/19/19/19/19/19/19/1	fram 9727 52, and that in my dy after death.	, 19 <u>60</u> , ta_ (aur) apinian dea	th accurred on the da	68 , that ite and hour o	(I) (we) and fram
		GNATURE)	W Pres	Campbell	DEGREE PHYS.	DIRECTOR	STAFF 22c. I	DATE SIGNED 4/13/	68
	22d. P	HYSICIAN'S IAME (Type)	oberT	V.L. Campbe	22e. ADDR	HHGE	RSTown	Mo	1.
L	REMO	CREMATION, (AL (Specify)	23b. DATE 4/1	6/68 MT. ZI	ON E.U.B.	CH. SF	ATION (City or Town) PHORS CROSS		(State) W • T
2	4. FUNERA	DIRECTOR	ent to	Leven La ADDRESS	7. //	DATE APR 1	9 1968 REGISTRAR'S	SIGNATURE	noge

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

Page 4 may be retained by the haspital ar attending physician.

AND ENGINEER TO A STATE OF THE PARTY OF THE 10/4/1988 RICH TENNIT FOR THE LETTER OF STREET

23-01

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00200		CERTIFICA	ALE OF DEATH		0020	50
	DECEASED-NAME (Type ar print) NAO	MI MA	Y MIDD	LEKAUFF	2a. DATE OF DEATH 11 Day	1968	2b HOUR
3. 9	FEMALE	4. RACE WHITE		5/22/189	6. AGE (In years last brittlay) YRS.		IF UNDER 24 HRS. HOURS MIN.
	BIRTHPLACE (Stote or foreign untry) VIRGINIA	76. CITIZEN OF WHAT COUNTRY U .S .A .	8. MARRIED WIDOWED	NEVER MARKIEU	9. COUNTY OF DEATH WASHINGTON		Md
10.	CITY OR TOWN OF DEATH	give street addres	ITAL OR INSTITUTION (If no s) E . WASHIN		L OCCUPATION (Kind of work dane us of working life even if retired.)	12b. KIND OF BI	JSINESS OR
adn	HAGERSTOWN DESCRIPTION DESCRIPTION DESCRIPTION HARYLA	ND 13b. COUNTY WASHI	ce before 13c. CHIAG	EYRSTOWN DOE CITY LIM	MITS? 13e. STREET AND NUMBER 60 E. WASH		ST.
14.	FATHER'S NAME First	Middle T WTT.T.TAM S		MOTHER'S MAIDEN NAME FI		ILLER	Lost
	a. WAS DECEASED EVER IN U.S. AF Yes, no, or unknown) (If yes give	RMED FORCES? 16b. SOCIAL	SECURITY NO. 17. IN	FORMANT S. DOROTHY	WAddress	AMSPOR MD.	
	DADT I DEATH WAS CALLS	only ane cause per line for (o), (t ED BY:					ATE INTERVAL SET AND DEATH
-	Conditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE OF A CONSEQU	UENCE OF	diovascula	ar disease		finite
	stating the underlying cause lost.			THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)		
CERTIFICATION	1442 v Diabete	es mellitus o. CONDITION FOR WHICH OPERATION		20a. AUTOPSY? YES NO.	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CER	TIFYING
MEDICAL CER		ATH HOUR A.M. Month D	ay Year	W INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 1B.)	
W	While Nat while at work	e. PLACE OF INJURY (AT HOME, FAR OFFICE BUILDI		ATION Street or R.F.D. No.	City or Tawn	County	State
	couses stoted obo	his hospital) ottended the olive on March 2 ve, (I) (we) (did) (d <u>id not)</u> v	deceosed from ME 1968, and view the body ofter d	thot in (my) (our) opineoth.	ol, toApril 11, 19 nion deoth occurred on the do	te ond hour o	4) (we) los nd from the
	22b. SIGNATURE	winly put	DEGRE	E PHYS. M	ED. STAFF Ap:	pate signed ril 12,	
	22d. PHYSICIAN'S NAME (Type) B. I	3. Kneisley,	M.D.	22e. ADDRESS 148 Hag	West Washing Terstown, Mary	land	eet
	REMOVAL (Specify)	DATE 23c. 4/13/68	NAME OF CEMETERY OR C	EN CEM.	23d. LOCATION (City or Town) HAGERSTOWN		(State) (D •
24.	FUNERAL DIRECTOR	111	ADDRESS	250. REC'D BY	Y REGISTRAR 2Sb. REGISTRAR'S		

nd 2 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

death.

VR A15 (4) 30M REV. 1/68

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1. DECEASE		First		Middle	10.5	Last		2o. DATE (2b.	HOUR A
(Түре от	r print)	Sarah		Jane		Miner			April 21	Day 1	968	3:	35 M
3. SEX	-79	1000	4. RACE			S. DATE OF BI			6. AGE (In veors		UNOER 1 YEAR	IF UNDER	R 24 HRS.
Fema	ale		White			Octob	er 7,	1942	lost birthdoy)	RS. MO	INTHS OAYS	HORK	MIN.
	LACE (State or	foreign 7	b. CITIZEN OF WI	AT COUNTRY?	8. MARRIED	X NEVER MAR	RIED	9. COUNTY O	F DEATH				
	klin Co		USA		WIDOWED	DIVOR	CED 🗌		nington C			- 1	Md
	R TOWN OF DE			AME OF HOSPITAL OR IN: street address) Washing to					N (Kind of work do g life, even if retire e		12b. KIND OF INDUSTRY	BUSINES	SOR
13a. USUAL	RESIDENCE (V		lived, if institut	ion: Residence before			13d. INSIDE CITY	LIMITS? 13e. S	TREET AND NUMBER				
admissian) Per	ınsylva	ania	13b. COUNTY Fran	klin /	Mont	Alto	YES XC N	0 🗌					
14. FATHER		First	Middle	Last		IS. MOTHER'S MA	AIDEN NAME	First	Middle			Last	
	W	ilson	M.	Shafi	fer		Ja	ane				Mon	in
160. WAS	DECEASED EVE	R IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY	NO. 17.	INFORMANT			- Addres	5			
res, no.	or unknawn)	(If yes give war	OL galez of zetaice)	198-34-62	203	Ronald	C. Mir	ner	Mont	Alt	o Pa		
2 Cond		which gave couse (o),	BY: E CAUSE (o) DUE TO, OR A (b) B	ne for (a), (b), ond (c) ncreased i AS A CONSEQUENCE OF rain stem AS A CONSEQUENCE OF	intrac	ranial	pressu	ire			BETWEEN (mate inter onset and eeks	DEATH
1)	2. OTHER SIG	NIFICANT COND	ITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR	CONDITION GIV	EN IN PART 1(a)		73	U	
3	-13-68			intracran:		20a. AUTO	PSY? NO	CALIC	IF YES, WERE FINDING ES OF DEATH?	GS CONS	SIDERED IN C	ERTIFYIN	G
S □ OR	ACCIDENT WA CONTRIBUTING [ther, notify m	S UNDERLYING CAUSE OF DEATH edicol examine	21b. TIME OF HOUR A.M. P.M.	FINJURY Manth Day Year	21c. H	10W INJURY OCC			ury in Part 1 ar Port		7,4		
While	INJURY OCCUI Mot whi ot warl			AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.					y or Town		County		State
220.	sow the couses sto	that (I) (this leceased ali- oted obove,	hospital) atta ve an 4 (I) (we)(did)	ended the deceas -20-68 (did not) view the	ed fram_ 19, ar body after	d that in (m death.	y) (aur) ap	, to inion deoth	occurred on the	19 date	, that ond hour	ond fro	re) last om the
	SIGNATURE	F	Zidu	eak	DEG	11113.		MED.	STAFF		il 24	. 19	68
	PHYSICIAN'S NAME (Type)	A. F.	ABDULL	AH, M. D.		22e. ADD 318		omac S	t., Hager				
	AL, CREMATION DVAL (Specify)		TE /24/68	23c. NAME OF	CEMETERY OF			Wayne	10N (City or Town) sboro #1	Fr		(State	,
24. FUNER	CAL DIRECTOR			ADDRESS				BY REGISTRAR	2Sb. REGISTR				Page 1
Wal	Ster 2	Fro	VE	Waynes	sboro	Pa.	DAAPR	26 19	68 gola	40	o James	-	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 3 shauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

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send the series as the last creations.

odmission) STATE Maryland 14. FATHER'S NAME First Lawrence 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na, ar unknown)

PART I. DEATH WAS CAUSED BY

06282

First

DECEASED-NAME

(Type or print)

Female

10. CITY OR TOWN OF DEATH

Hagerstown

7a. BIRTHPLACE (State or foreign

Myersville, Md.

3. SEX

within 72

and completely filled

corbon

please

or removol,

cremation,

signed by the burial-transit p burial, cremati

be detoched for use as the State Dept. of Health prior to certificate has been

the

PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this

0

director, poge 3 should be filed v

220-52-2137 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

NO Z

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2b. HOUR

3:00R

Canditians, if ony, which gove rise to immediate couse (a), stoting the underlying cause

19a DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

20a. AUTOPSY?

YES 🗍

ATTENDING

22e. ADDRESS

PHYS

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.

Month Doy Year

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)

(If either, natify medical examiner) 21e. PLACE OF INJURY 21d. INJURY OCCURRED While Not while at work 220. I certify that (1) (this hospital) attended the deceased from access

IMMEDIATE CAUSE (o)

(AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street at R.F.D. No.

City or Town County

Stote

sow the deceosed alive an____ couses stoted obove, (1) (we) (did) (did nat) view the body ofter deoth. 22b. SIGNATURE

PHYSICIAN'S NAME (Type) OTTRAd

4-14

DIRECTOR

22r DATE SIGNED

23o. BURIAL, CREMATION REMOVAL (Specify) 24. FUNERAL DIRECTOR

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Boonsboro Cemetery 2So. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

, 1967, to 4-16

19 65, and that in (my) (our) opinian deoth occurred an the dote and haur and from the

(County) (Stote) Boonsboro Wash. Co., Md.

30M REV. 1/68

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE APR 19

4- 19- 68

23b. DATE

1968

25b. REGISTRAR'S SIGNATURE

16, 1956 31 6 2 6	F. C. T. C. T.				
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death.

MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 86283

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re-	sidence before admission)
a. COUNTY Washington Hagerstown	a, STATE Maryland b. COUNTY Washing	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	ind give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Williamsport Maryland	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Washington County Hospital	31 Fenton Ave.	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Tune or print)	APARIL A A A	20 1968
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
	ug. 27,1902	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, eyen if retired)		IZEN OF WHAT
during most of working life, even if retired) Retired Unknown		S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George W. Murray	Bessie Bell Bowers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
	s. Daisy Murray Williams	port Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonitis - Para	ecolon. Proteus	DISET AND DEATH
0//./		
Conditions, If any, which \	oulmonary tuberculosis.	13 vrs.
	ed bilateral, questionably	
underlying cause last. (c) active	, .	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		19. WAS AUTOPSY PERFORMED?
Aneurysm, thoracic aorta, auricular fit	prillation	YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE ANGULAR FILE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (Coun	ity) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)	
	oril 3 , 19 68 to April 20 , 19 6	8 that (I) (wa) look
21. I certify that (I) (this hospital) attended the deceased from Apsaw the deceased alve on April 20 1968, and that	death occurred at 12:20, from the causes and on the	e date stated above.
22a. SIGNATURE	ATTENDING NED STAFF	TE SIGNED
M.D. M.D.		1 22, 1968
22c. Physician's W. T. Layman, M.D.	100 Prof. Arts Building, Hag	erstown, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
Burian April 23,68 Shanktown	Shank town Wash	
24. FUNTER AL DIRECTOR E. Thompson ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
Thompson Funeral Home Clear Spri	ng, Mare APR 25 1968 julian	The same

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

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George Fragidin Murray Livea

Male White ethic aug. 27,1902 ethic

Retired Unknown washington Maryland U.S.A.

Goorge W. Murray Bessie Bell Bowers

Unimoun Mrs. Daigy Murray Williamsport Md.

Lakedat rreurnitie - .aracolon, rotur

> Super-i posei on primonary tuberculosis. roderately advanced hilateral, cuestionally

> > Aneurysm, thoracic norte, arrigular fibrillation

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April 22, 15

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2007 61

Surial April 23,68 Shanktown Shank town wash. M. Thompson Puneral Home Clear Spring, Nd. Ali Louisis Mickey

Middle

John H. Bast, Jr. 112 N. Main St. Boonsboro Millare

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

2a. DATE OF DEATH

36290

06284 **DECEASED-NAME** (Type or print) 3. SEX

First

signed by the attending physician and campletely filled in by the ful burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar removal, and in any event, within 72 haurs after attending physician. this certificate has been as the of Health the hospital ar far detached O FUNERAL DIRECTOR: After be retained by pe shauld directar, page shauld be filed

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hoors after

funera

2b. HOUR 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS HOURS temale YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [WIDOWED 1 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most af warking life, even if retired.)
Housewife **INDUSTRY** VIlliams Own Home 13a. USUAL RESIDENCE Where deceased lived, if institution: Residence before 12c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14 FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Lost ASTON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, ar unknown) 162-22-7035 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO F 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. State City or Tawn County OFFICE BUILDING, ETC While Not while at work October 3, 19, 65, to 60 , that (1) (1) (1) last 22a. I certify that (I) (this haspital) attended the deceased from Apri saw the deceased alive on_ _19__68 and that in (my) (cor) opinion death occurred on the date and hour and from the causes stated abave, (1) (did (did nat) view the bady ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22e. ADDRESS M.E. Byrkit M.D. West Potomac St. Williamsport Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) BEMOVAL (Specify) 4- 10-Boonsboro Cemetery Boonsboro, Wash. Co.. Md. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 15 1968 Cumpley

VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

285

CERTIFICATE OF DEATH

16291

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 haurs after remove carban etely physician a ien please signed by the **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. certificate **DIRECTOR:** After this TO FUNERAL

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY and in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RUPAL and give nearest town) Zwks. ames gerstou d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO 4 3. NAME OF 4. DATE Manth Last Day DECEASED 1968 (Type ar print) DEATH S. SEX IF UNDER IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH AGE NEVER MARRIED Manths Days 80 yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af warking life, even if retired) **INDUSTRY** COUNTRY Teacher 13. FATHER'S NAME be detached far use as the burial-transit permit. Then pl State Dept. af Health priar ta burial, crematian, ar remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates af service 1B. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a) DUF TO stating the underlying cause RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT YES NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City ar tawn) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While at work L at wark 21. I certify that (I) (this hospital) attended the deceased fram director, page 3 shauld shauld be filed with the saw the deceased alive on and that deoth occurred at M, from couses and on the date stoted obove 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS DIRECTOR ADDRÉSS 22c. PHYSICIAN'S Edson B. Moody S. Cleveland Ave. Hagerstown, Md. 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 24. FUNERAL EURECTOR VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1		PLACE OF DEATH a. COUNTY	a. STATE	b. county Washington	
		Washington County, MARYLAND	Maryland		
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate	e limits, write RURAL	ind give nearest town)
	C	ascade Resident	Cascade		
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
5	R	oyer Road, Gardener Avenue	Royer Road, Gardne		YES NO X
1	3.	NAME OF First Middle DECEASED	Last 4. DATE	Month	Day Year
4		(Type or print) ROY N. Newberry	DEATH	April 3	10
1	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE	(In years IFUNDER 1 t birthday) Months	YEAR IFUNDER 24 HRS.
Н		Male Caucasian WIDOWED DIVORCED	20 July 1918 49	yrs.	
	1Da duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even If retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or for	CO	TIZEN OF WHAT UNTRY?
		US Army Criminal Investiga	tor Wilberton, Okl	ahoma US	
1		Guy Newberry	Sarah Schneider		
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	e & Gardner
	(Ye	s, no, or unkown) ((If yes give war or dates of service) Yes Feb 41 - Aug 63 565-12-3176	een M. Newberry (wi	fe) Cascade	. Maryland
	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Cardiac Failure			ONSET AND DEATH
		1/ 7 5 IMMEDIATE GAUSE (a)			
		Cenditions, If any, which DUE TO Primary Myocardie	pathy		11 years
d		gave rise to Immediate			
1		cause (a), stating the			
3	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY
/	CERTIFICATION	None 4222			PERFORMED? YES X NO
	TIF.	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part 1	or Part II of Item 18.	
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	E OF INJURY (Home, farm, 2Df. (City y, street, office bidg., etc.)	or town) (Cour	nty) (State)
		Hour a.m. p.m. 19 While at work at work	7,51,001,011,000,000,000,000,000		STATE OF THE
		21. I certify that (I) (this haspital) attended the deceased from A	ril 19 67, to A	pril , 19 6	8, that (i) (We) last
		saw the deceased alive on 10 March 19 68, and that	death occurred at P. M, from t	he causes and on th	e date stated above.
		22a. SIGNATURE		22b. D/	ATE SIGNED
		With Mandry M.D	PHYS. DIRECTOR F	PHYS. 3 A	pril 1968
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS		
1		ROBERT DAVIDSON, CPT, MC	US Army Dispensar		
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	//	ION (City, town or cou	nty) (State)
	_/	DURIAL OFFRIL 1700 TRAINGTON		INGTON C	S SIGNATURE
	24	FUNERAL DIRECTOR 1/ 740 6 ADDRESS A AVE.	100 0 400	- Lander M	
-	XI	WALD HUREAL HOME INC WASHINGAD DE 26	012 DATE APR 9 _ 196	the state of	0

VR AI5 (4) 20M 1/65 THE CHARLES THE STATE OF THE ST

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		Cascada			dayas)
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byer Ave & Corres Cascade, Maryland	cherry (wife)	d Recard	The State	I Aug Al So	det les
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00000			.ERTIFICA	ALF OF	DEATH			0.0	2000		
	DECEASED-NAME FI (Type or print) JOS:	rst EPH	Middle HARLAN	POR	last T DRFTE		$2a$. DATE OF DEATH $oldsymbol{\mathbb{A}}_1^N$		18 19	968 2 P		
3.	Male Male	4. RACE	White		June	23 188 8	6. AC	E (In years birthday) YRS.	MONTHS I	PAYS HOURS A		
	BIRTHPLACE (Stote or fareign untry) Md.	υ.:	OF WHAT COUNTRY?	8. MARRIED X WIDOWED	DIVOR	RIED 9. I	COUNTY OF DEATH					
	CITY OR TOWN OF DEATH Hagerstown			pital Ret'			occupation (Kind of working life, e Carmer		12b. KIN INDUSTR	ID OF BUSINESS OR RY Farm		
13d adi	o. USUAL RESIDENCE (Where decomission) STATE Md.	eosed lived, if in 13b. COU		_ 7								
14.	FATHER'S NAME First	Mid	die Last	15. MOTHER'S MAIDEN NAME First				19-1	Last			
L	Milten							Stertzmen				
16	o. WAS DECEASED EVER IN U.S. A Yes na, or unknown) (If yes gi	ARMED FORCES? ve war or dates of serv	(e) 215-18-2733 17. INFORMANT Address Hage							College Read Frstewn, Md.		
	18. CAUSE OF DEATH (Enter		per line for (a), (b), and (c).)					BETW	PROXIMATE INTERVAL VEEN ONSET AND OEATH		
	PART I. DEATH WAS CAU	ISED BY: DIATE CAUSE (a)	Carcinoma (of Lung				1	mont	hs		
9	rise to immediate cause (o stoting the underlying coust last. PART 2. OTHER SIGNIFICANT (a second s	DUE TO								ears		
CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FO	OR WHICH OPERATION WAS PER	RFORMED	20a. AUTO	PSY?	20b. IF YES, V CAUSES OF DE	VERE FINDINGS (ATH?	ONSIDERED	IN CERTIFYING		
MEDICAL CER		DEATH HOUR	P.M. 19				ature of injury in P	art I or Part 2,	Item 18.)			
W	While Not while at wark at wark	le. PLACE OF INJ	OFFICE BUILDING, ETC.	1			City ar Tav		County	Stote		
	220. I certify that (I) (saw the deceased causes stated abo	(this hospitol) olive an A ove, (I) (we) (attended the decease pril 18, ——I did) (di d not) view the l	ed fram_Ma 968_, and body after d	rch 26 that in (m oth.	y) (our) apinio	, to April an death accuri	18, , 19 ed on the do	<u>68,</u> 1 ate and h	hat (I) (we) our and from		
	22b. SIGNATURE	Ew	Dette 1	DEGRE	ATTENDIN PHYS.	IG MED.	CTOR STAF	F D	DATE SIGNE	9. 1968		
	22d. PHYSICIAN'S NAME (Type) Dr.	E. W. D	itto, Jr.	215	W. Was	hington	St., Ha	gerstow				
	BUTTA (Specify)	b. DATE pril 20					3d. LOCATION (City Hagersto	wn Wa	_	ton Md		
24	FUNERAL DIRECTOR	c Tesf	ADDRESS Williamspert	Manuel	nd	2Sa. REC'D BY R		Sb. REGISTRAR'S				
	WIDGI. C TAMI	PANT	MTTTTWING PAL	LINET, A TO	TIU	DATE AP	K 2 2 19	00 K	Mar	as Judge		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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	e man e e e	1.6		

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the fine of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. dea TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withfin 24. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

06294

1.	PLACE OF DEAT a. COUNTY					2. USUAL a. STAT	re		lived, If insti		sidence before admission)
-	h CITY OF TON	ashington (VN (if outside corpora	County	c. LENGTH O	MARYLAND		Penns	ylvania		Fran	klin County and give nearest town)
	write RURAL	and give nearest to	wn)		SIAT IN ID						
F	ort Rite	hie, Maryla	and	DOA				Summit,	Penns	ylvan	
	d. NAME OF HU	SPITAL OR INSTITUTI	UN (If not In	hospital, give st	reet address)	d. STREET	ADDRESS				e. IS RESIDENCE ON A FARM?
		ispensary,						9, Ress		a.	YES NO K
3.	NAME OF DECEASED		Irst	Midd		Last	4	. DATE OF	Month	11 2/	Day Year
-	(Type or print) SEX	Wayne		Harvey		torff		DEATH		11 24	
			· · ·	D NEVER MA		B. DATE OF		9. AGE last 53	(In years I birthday)	FUNDER 1	YEAR IF UNOER 24 HRS. Hours Min.
	Male	Caucasian TION (Give kind of work	WIDOWE		ORCED		1914		yrs.	10.01	FIZEN OF BUILDE
dur	ing most of work	king life, even if retire	ed)	INDUSTRY			11 100 100 100	ty & State, or for		CO	TIZEN OF WHAT UNTRY?
	IT Force	Officer	US	S Air For	ce	Spri	ngfiel	d, Illii	nois	Uni	ted States
13.	FAIHER'S NAM	n E				14. MOTH	ER'S MAIDEN	NAME			
	Harvey P					Bert	ha Rey	nolds			XIII JULY
15. (Ye	WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16	6. SOCIAL SECUR	TYNO. 17.	INFORMANT			Address		
	Yes	7 Apr 42-30		331-03	37-990	Marie	Potto	rff (wi:	fe) Sar	ne Ad	dress
	18. CAUSE OF	DEATH [Enter only or	ne cause per	line for (a), (b),	and (c).]			-			INTERVAL BETWEEN
	PART I. D	EATH WAS CAUSED BY	(a) Ms	yocardial	Infar	rtion					ONSET AND DEATH 5 Min.
Н	11100	IMMEDIATE CAUSE		ocaldia	LILLAL						3 112.11
	Conditions, If	DUE		terioscl	amatria	Condia		om Dico			7 20020
	gave rise to	immediate /		rerrosci	erotic	Cardio	vascur	ar Dise	ase		/ years
1	cause (a), s		10								
2	underlying cau	SIGNIFICANT CONDITI	(c)	DITING TO DEATU	DUTNOTOFIA	TEN TO THE T	COMMINIAL DIOL	ACC CONDITIO	N CIVEN IN D	ADT 1(a)	119. WAS AUTOPSY
AT	1/1.1		ONSCONTKI	DOTING TO DEATH	DO I NOI KELA	IED IO INE II	ERMINAL DISE	EASE CONDITIO	IN CITEM IN P.	AKII(a)	PERFORMED?
	730 / None	WAS UNDERLYING	1 20b.	DESCRIBE HOW	INTURY OCCU	DDED /Fetos	nature of In	lucy In Bart I o	y Dort II of	itom 10 \	YES NO K
CERTIFICATION	OR CONTRIBUT (IF EITHER, NO	ING CAUSE OF DEA	TH (NER)	DESCRIBE HOW	INJURY OCCU	KKED. (Enter	nature or in	jury in Part I C	or Part II of	item 10.)	
MEDICAL		INJURY Month, Day,	Year 20d.	INJURY OCCURR	ED 20e. PLA	CE OF INJURY	(Home, farm,	20f. (City	or town)	(Cour	ity) (State)
	Hour a.	m. m. 19	While at wo		Tacto	ry, street, offi	ce blag., etc.)				
2		fy that (i) (INNAME	1		and from	In l v	10	63, to A	pril	10 6	8. that (I) (www.)Klast
П			5 Apri		and that	dooth oppu					e date stated above.
11	22a. SIGNATU			19 00	and that	death occo	ireu al	2 4VI, 11 OIII LI	le Gauses a		TE SICNED
		Folly	* Dai	robben	M.D	ATTENDIN PHYS.	IC MEI		TAFF HYS.		Apr 68
1.1	22c. PHYSICI					22d. AD					21719
	NAME (T	ROBERT I	DAVIDS	ON, Capta	in, MC	US A	rmy Di	spensar	y, For	t Rit	chie, Md.
23a		MATION, 23b. DATE	THEREOF	23c. NAME	OF CEMETERY		-	23d. LOCATIO			
	REMOVAL (Sp Burial	14/26	/68	Arl	ington		4	Arlingt	on. Ar	lingi	ton Co. Va.
24.				ADDRES		1	25a. REC'D	BY REGISTRAR			ton Co., Va.
1 7	UnOto.	21 Son	-	Waynesb	oro Pa.		DATAPR	2 6 196	B RCL	ione	Judge.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		CEKII	FICALE OF DEATH		00230
1. DECEASED-NAME First		Middle	Last	2a. DATE OF DEATH	2b. HOUR
(Type or print) Geor	GIA	В.	Kamer	Abr Month 16 D	oy 68 Year 6:55AM
3. SEX	4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	Wh	ite	July 20, 18		MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHA	AT COUNTRY? 8. MARI	RIED 🖾 NEVER MARRIED 🗌	9. COUNTY OF DEATH	
Texas	U.S. A	A. WIDON	WED DIVORCED	WASHINGTON	Md
10. CITY OR TOWN OF DEATH HAGERS TOWN	WEST	ME OF HOSPITAL OR INSTITUTION (reet address) ERN MD. STATE	HOSPITAL during	AL OCCUPATION (Kind of work dane ost of working life even if retired.) Ousewite	
13a. USUAL RESIDENCE (Where decear	Lagi county				3-
Md.	150. COOI41		lege I alk A	⁰ □ 4601 Erie St	
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME		Last
John	R.	Edmonds	Anna	E.	Brown
160. WAS DECEASED EVER IN U.S. ARI	WED FORCES? war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address	
Yes, na, ar unknawn) (If yes give v		none	Eugene W. Ra	amer Same as 7	
18. CAUSE OF DEATH (Enter an		e far (a), (b), and (c).)	11		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	ho	phuldr p	neumon12	5 d
436.9		S A CONSEQUENCE OF	11/1 - /	11-	7
Canditians, if any, which gave		6	VA che	mipleg12	348
rise ta immediate cause (a), stating the underlying cause	DUE TO OR A	S A CONSEQUENCE OF	1.1.1	7//	1.0
last.	(c)	(Te	neralized	arterioschra	SS 10 YY
PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
= 33/X					
19a. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a. AUTOPSY?		CONSIDERED IN CERTIFYING
TIFIC			YES NO	CAUSES OF DEATH?	's
			1c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2	2, Item 18.)
OR CONTRIBUTING CAUSE OF DEA		Manth Day Year			
ZIG. INJUKT OCCURRED ZIE	PLACE OF INJURY /	AT HOME, FARM, STREET, FACTORY, \ 2	1f. LOCATION Street or R.F.D. No	ı. City ar Tawn	Caunty State
While Nat while at wark		OFFICE BUILDING, ETC.			100
	is hapital) afte	nded the deceased from	1 - 19, 19	55, ta / pr /6, 1	960, that (I) (ave) las
saw the deceased o	live an	DV 15 1968	, ond that in (my) (our) ap	inion death occurred on the	dote ond hour and fram the
	e, (I) (we) (did) (didnot) view the body a	tter death.		DATE COMES
22b. SIGNATURE OCCUR	m 910	ely MD	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	4-16-68
22d. PHYSICIAN'S NAME (Type) Ed.	NIN G	Rilex		lenna, Hagers	stown, Md
	DATE	23c. NAME OF CEMETER	y obstremajory	23d. LOCATION (City or Town)	(Caunty) (State)
REMOVAL (Specify) Burial 4	/18/68	Zion Episo	copal Church	Hedgesville	West Va.
24 FLINERAL DIRECTOR		ADDRESS *	2Sq. REC'D I	REDISTRIR 9 198 REGISTRIA	SSIGNATURES CREEKING

Francis Gasch's Sons Hyattsville, Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furerol director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours often deat VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Page 4 moy be retained by the hospital or attending physicion.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

06296

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	DECEASED-NAME (Type or print)	First	a .	Middle		Lost		2a. DATE OF	14	Day	Von		2b. H	OUR
		Flori		P.		Remsbur		Api	ril	24,	-	58	12:	Dr.
3.	SEX	4.	RACE			S. DATE OF BII		000	6. AGE (In year	ors M	ONTHS 1		F UNDER 2	MIN.
	Female		Whi			August			1 -4	YRS.		24		,,,,,,
	BIRTHPLACE (Stote or f			VHAT COUNTRY?		D NEVER MAR	RIED	9. COUNTY OF						
	kersville,		U.S.		WIDOWI		CED 🗌		ington					Mo
10.	CITY OR TOWN OF DEA	TH .	11. I	NAME OF HOSPITAL OR IN	STITUTION (f not in hospitol		AL OCCUPATION					USINESS	OR
	Keedysville				St.		-	ousewij			Own	Ho	me	
13d	n. USUAL RESIDENCE (Wi	ere deceosed liv	red, if institu	ition: Residence befare			13d. INSIDE CITY		REET AND NUME					
	mission) STATE Maryland		Washi	ngton	Keed	ysville	YES X	0	9 N. Ma		t.			
14.		irst	Middle	Lost		IS. MOTHER'S MA	IDEN NAME	First	Mic	ddle			Last	
	Rale	igh		Poffenberge				Sarah		-		Eak		
16	a. WAS DECEASED EVER Yes, ng, or unknawn)	N U.S. ARMED FO (If yes give war or do	ORCES?	16b. SOCIAL SECURITY		7. INFORMANT		D 11		reKee			e, 1	1a.
	No.			214-48-41		Mr. W. H	oward	Remboul	rg, y N	. Ma.			TË INTERVA	
Р	18. CAUSE OF DEAT	H (Enter only and WAS CAUSED BY:	e cause per l	line for (a), (b), and (c).		M		0.					ET ANO DE	
	TAKI I. DEATH	IMMEDIATE CA	USE (a)	1000	nar	gull	10m	100	262		1/4	L	con	1
	4109		DUE TO, OR	AS A CONSEQUENCE OF	(7								
	Conditions, if any, w	ouse (a)	(b)											
	stoting the underly		DUE TO, OR	AS A CONSEQUENCE OF										
	lost.	,	(c)											
1	PART 2. OTHER SIGN	FICANT CONDITIO	NS CONTRIB	UTING TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE OR	CONDITION GIVE	N IN PART I(a)					
20	9201	au Ital caus	ITION FOR IN	110011 00000 4 71011 11110	DEODMED	100 4170	001/0	Look or	Vec Men File	ON SOME	CIDEDED	IN CED	TIEVINA	
CEPTIFICATION	190. DATE OF OPERATI	JN 196. COND	IIIUN FUK W	HICH OPERATION WAS PE	KFUKMED	20a. AUTOI		CALISES	YES, WERE FINE OF DEATH?	DINGS CON	SIDEKED	IN CEK	IFTING	
FPT	21g. ACCIDENT WAS	HINDEDI VINC	21b. TIME (OF INJUDY	101.	HOW INJURY OCC	NO [and a Dawl 1 and	D., d. D. 14.	- 10 \			
		CAUSE OF OEATH	HOUR A.M.	Manth Doy Year		HOW INJURI OCC	UKKED (EIII	er noture of inju	ry in Port 1 of 1	ran 2, ne	111 10.]			
MEDICAL	(If either, natify med	icol exominer)	P.M.		GTORY 1 DIE	LOCATION CA	DED N	CA.	ar Tawn		County		CA	ate
	While Nat while	Zie. PLACI	OF INJUKT	(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	211	LOCATION Siree	I GI K.P.D. NO	J. City	ar Iawn		County		311)II G
1	at work at work	nt /1\ /this ha	anital\/at	tandad to darane	ad fram	Auch	24 10/	10 to 1	5416	410 4	0-	that /	1) /1110) la
Е	saw the de	ceased alive	an 1/2	tended the decease	966	ing that in (m)	v) (aux) ap	inian death	occurred an I	the date	and h	aur a	nd fran	n th
L	causes stat	ed abave, (I)	(we) (did)) (di d net) view the	bady afte	er death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	22b. SIGNATURE	111	10-	19-	121. X	ATTENDIN	6 🗔	MED.	STAFF	22c. DA	TE SIGNE	D	11	2
	6	W	16	1000	110	GREE PHYS.	Ly	DIRECTOR L	PHYS.	14-	-20	1-	68	
ı	22d. PHYSICIAN'S NAME (Type)	G.U	J. h.	evan	935	22e. ADDI	300	nab	000	2	ng	/		
23	a. BURIAL, CREMATION,	23b. DATE	U.S.	23c. NAME OF					ON (City or Town		(Courry)		(State)	
	BEMOVAL (Specify)	4- 2	6- 68	Bake	rsvil	le Cemet	ery	Baker	sville,	Was	h. C	0.,	Md	•
	. FUNERAL DIRECTOR			ADDRESS				BY REGISTRAR	25b. REGIS	STRAR'S SI	GNATURE	0,00	der	
	John H. Bas	t, Jr.	112 N	. Main St.	Boon	sboro, 1	BATE A	DR 30	1968	Elia	rad	1	0	

1968

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

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ls, prus. 601, 161.	Live de Let	troressor) of		- 36 -85	. Trees
		The state of the s			

	06291		CERTIF	ICATE OF DE	ATH		563	297
	ECEASED-NAME Type ar print)	d Ells	Middle worth	Rice	20. [Apr Manth 27	Day 1968	26. HOUR 1:25 PM
3. SI	Male	4. RACE Whit	e	S. DATE OF BIRTH	ary 17,		IF UNDER 1 YEAR MONTHS DAYS 'RS.	IF UNDER 24 HRS. HOURS MIN.
7a.	BIRTHPLACE (State or foreign ntry) ranklin, Co.Pa.	76. CITIZEN OF WHAT COU USA	INTRY? 8. MARRI WIDOW		X	NTY OF DEATH WASHINGTO		Md.
	CITY OR TOWN OF DEATH HAGERSTOWN	11. NAME OF give street at WESTERN	MD. STATE	HOSPITAL	during most of v	PATION (Kind of work do prking life, even if retire	d.) INDUSTRY Rai	business or broad
	USUAL RESIDENCE (Where deceose ission) STATE Maryland	d lived, if institution: Res		OR TOWN 13d. II	NSIDE CITY LIMITS?	13e. STREET AND NUMBER Route	# 1	
	FATHER'S NAME First Peter	Middle /d	last Rice		NAME First		Si	hank
160	. WAS DECEASED EVER IN U.S. ARMI (es, no, or unknown) (If yes give wa	ED FORCES? 16b. Si ir or dates of service)	1-	7. INFORMANT Max E Rice	60 Pear	Addres chtree Rd.N.		R.9.
	571.8	y one couse per line for (BY: TE CAUSE (o) DUE TO, OR AS A CO	He	bato-r	end	Syndron	sev	onset and death
	Conditians, if ony, which gove rise ta immediate cause (a), stating the underlying cause lost.	(b) DUE TO, OR AS A CO (c)		Mal		40515	yes	3k?,
NO	Bleeding e	Sobhage	al vario	ces, ch	YONIC	bancred	titis-s	evere
RTIFICAT		CONDITION FOR WHICH OPE		2D. AUTOPSY?	NO 🗌	20b. IF YES, WERE FINDIN CAUSES OF DEATH?		EKTIFTING
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Mon er) P.M.	th Doy Yeor			af injury in Port I ar Por	1 2, Item 18.)	
ME	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOM OFFICE	E, FARM, STREET, FACTORY.) 21 BUILDING, ETC.	f. LOCATION Street ar	R.F.D. No.	City or Town	Caunty	Stote
	22a. I certify that (I) (this saw the deceased al couses stated obove	ive on	19	and that in (my) (_ , 19 , our) apinian c	leath accurred an the		
	22b. SIGNATURE COLUMN	Stal	en Mo	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF TO	22c. DATE SIGNED 4-27-	68
,	NAME (Type) Edu	in G	Kiley	1500	Kenne,		n, Md2	1746
	1300000	/30/68	23c. NAME OF CEMETERY Rest Have	n Cemeteru	ld	LOCATION (City ar Tawn)		(Stote)
24.	Rest Haven Jun	exal Chanel	- ADDRESS Hagerstou		REC'D BY REGIS		Carles You	ige.

Rest Haven Funeral Chane

Hagerstown, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled ing director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72% of the state of th VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		06000		CERTIFICATE OF	DEATH		0 0 0 0 0
death.		CEASED-NAME First ype or print) Samue	Middle	Lost	20. DA	pril Month	2b. HOUR
after ne fui ges 1 after	3. SE	X Male	4. RACE White	S. DATE OF Februa	BIRTH ary 15, 1888	6. AGE (In years lost birthdoy) 80 YRS.	FUNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 21
2 0	7o, E		b. CITIZEN OF WHAT COUNTRY? U. S. A.	Lab.	ORCED	Y OF DEATH Washingto	
		Rohrersville		rersville	during most of wor		12b. KIND OF BUSINESS OR INDUSTRY Farming
<u> </u>	odmi	ssion) STATE Maryland	lived, if institution: Residence before 13b. COUNTY Washington	Rohrersville	e YESTEN NO [Re. STREET AND NUMBER Rohrersvil	
ind correman	14. F	ATHER'S NAME First	Middle Lost		MAIDEN NAME First	Middle	Lost
ate be	160	George WAS DECEASED EVER IN U.S. ARMEI	W. Rice FORCES? 16b. SOCIAL SECURITY N		Dimina	A • Address	Bealer
physicion physicion en pleose oval, and i			or dates of service) 220-111-23		Janice Martz	Rohrersvil	he Marvland
he death certific attending phys permit. Then ion, or removal,		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	one couse per line for (a), (b), and (c).		1 Saka	ten	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death e attendi permit. tion, or r		(Conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE OF	word,	tru &	Dis .	yen
quires that the death certificate be executed physician. signed by the attending physicion ond comple burial-tronsit permit. Then please remave caburial, cremation, or removal, and in ony even		rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	reliable	cardior	dis	years
on no feet for the	7	PART 2. OTHER SIGNIFICANT COND	ITIDNS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI			
0 2 9 5 0	CERTIFICATION	19o. DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 2Do. AU YES [Db. IF YES, WERE FINDINGS CO AUSES OF DEATH?	ONSIDERED IN CERTIFYING
ficat ficat for free	MEDICAL CER	21 o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	r) HOUR A.M. Month Doy Yeor	9		f injury in Port 1 or Port 2,	Item 18.)
PHYS e hos nis ce stoche	ME		LACE OF INJURY (AT HOME, FARM, STREET, FAC	CTORY,) 21f. LOCATION SI	treet or R.F.D. No.	City or Town	County State
NDING ed by the After the Id be de ne State		22a. I certify that (I) (this	Mospital) attended the decease	19, and that in (my) (aur) apinian de		, that (I) (we) last te and haur and fram the
AL OR ATTER y be retaine L DIRECTOR: age 3 shaul filed with th		22b AGNATURE	(I) (we) (did) (did not) view the	DEGREE PHYS.	IDING MED. DIRECTOR	STAFF D 22c.	DATE SIGNED OFFICE 68
SPITAL 4 may IERAL or, pal d be fi		22d. PHYSICIAN'S NAME (Type)	Binflyd		fager	itm,	mf.
	230.	BURIAL, CREMATION, 23b. D/		CEMETERY OR CREMATORY		OCATION (City or Town)	(County) (Stote)
5-5-0	24	FUNERAL DIRECTOR	AODRESS	t Grove Cem	2So. REC'D BY REGISTE	RAR 2Sb. REGISTRAR'S	lle, Wash, Md.
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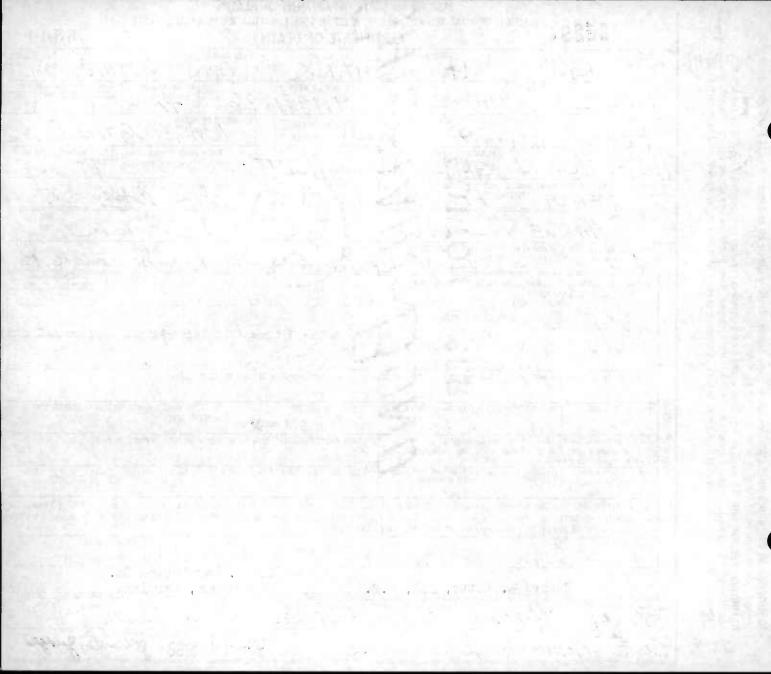
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle last 2a. DATE OF DEATH 2b. HOUR deoth. low requires that the death certificate be executed within 24 hours after death. uneral (Type or print) Vincent W. Robinson April 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS last birthagy) 52 YRS HOURS Male White July 27, 1915 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore Md. U.S.A. WIDOWED TO DIVORCED [Washington signed by the ottending physicion and completely fitled burial-tronsit permit. Then please remove carbon pape 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Construction Worker give street address) R.D.1 INDUSTRY Smiths burg 3 event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Washington admission) STATE Md. NOK YES Rural R.D.1 and in any 14. FATHER'S NAME Middle Middle 1S. MOTHER'S MAIDEN NAME First Marjorie Roy Robinson .. 31 . T Warner 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give wor or dates of service) Yes, no or unknown) or removol, Mrs. Joyce Wolfe Smithsburg Md., #1 220-10-3704 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS-CONTRIBUTING TO DEATH BUT NOT RELATED TQ., THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? Heolth p YES [for use 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year of (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. City or Town County State While Not while at wark 220. I certify that (1) (this hospital) ottended the deceased from saw the deceased alive on 1967, that (1) (we) last saw the deceased alive on 1967, and that in my) (aur) opinion death occurred an the date and hour and from the plnods causes stated abave, (1) (we) (did) (did not) view the body after death. 22h SIGNATURE 22c. DATE SIGNED! ATTENDING director, poge 3 DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Edson B. Moody 115 S. Prospect St. Hagerstown Md 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) Bethal 5/3/68 Frederickn 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36300 CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR certificate be executed within 24 haurs after death. and campletely filled in by the funeral remave carban papers. Pages 1 and (Type or print) 4 RACE DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. please remave carban papers. Pages 11, and in any event, within 72 haurs after 3. SEX IF UNDER I YEAR last birthday) WHITE HOURS 9. COUNTY OF DEATH 7o. BIRTHPOACE (Stote or foreign 8. MARRIED NEVER MARRIED country WIDOWED DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION OR TOWN OF DEATH 12b. KIND OF BUSINESS OR VATZILICIAL lived, if institution: Residence before 3c. CITY OR TOWN admission) 14. FATHER'S NAME last attending physician sermit. Then please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or upknown) (Moves give war or dates of service) ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PHYSICIAN: The law requires that the death PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE crematian, Canditians, if any, which gave burial-transit rise ta immediate cause (a). signed by DUE TO, OR stating the underlying cause burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES [use Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) D OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached for the Dept. of H P.M (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark at wark 22a. I certify that (1) (this hospital) attended the deceased from Mar 21, 1968, to 1766, 1968, that (1) (we) last be retained by pe 1965, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive an Run G shauld b with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b/SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE directar, page shauld be filed Page 4 may b W. Washington St. 22e. ADDRESS PHYSICIAN'S NAME (Type) Ditto. Edward W. Hagerstown. Maryland AOCATION (City or Town) 23c. NAME OF GEMETERY OR CREMATORY (County) (eu 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) #DD 1 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely fine director, page 3 should be detoched for use os the burial-transit permit. Then pleose remove corbon pashould be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed wit Page 4 may be retained by the hospital or ottending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	EASED-NAME Firs		Middle	Lost	20. DATE OF OEATH Appr Month 2 Do	va o / Goor	2b. HOUR	
(1)	pe ar print)	da	Maud	Singer	P-	y1968eor	11:10	
3. SEX	Female	4. RACE	Thi.te	S. DATE OF BIRTH \$/26/23	6. AGE (In years last birthday) YRS.	MONTHS DAYS	HOURS MI	
count	RTHPLACE (State or fareign ry) apyland	7b. CITIZEN OF V	mu	ARRIED NEVER MARRIED DOWED DIVORCED	9. COUNTY OF DEATH WASHINGTON			
1	TY OR TOWN OF DEATH HAGERSTOWN	give WE	NAME OF HOSPITAL OR INSTITUTI e street oddress) CSTERN MD. STA	TE HOSPITAL during n	UAL OCCUPATION (Kind of work done nost of working life, even if retired.)	12b. KIND OF INDUSTRY		
3a. l odmis	JSUAL RESIDENCE (Where decection) STATE Marylan C	13b. COUNTY			12 N.Farquha	ar St.		
	ATHER'S NAME First John	Middle S.	Wetnight	15. MOTHER'S MAIDEN NAME Ma	First Middle	Lewi	Last .S	
	WAS DECEASED EVER IN U.S. ARes, na, or unknown) (If yes give	MEO FORCES? war or dates of service)	16b. SOCIAL SECURITY NO. 216-22-6821	17. INFORMANT CLARENCE S	Address INGER UNION B		MATE INTERVAL	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)							
	340 × IMMEDIATE CAUSE (o) Brachopheumonia, Dil. DUE TO, OR AS A CONSEQUENCE OF							
	rise to immediate couse (o), stating the underlying couse lost.	(D)	Multiple scle AS A CONSEQUENCE OF	erosis		0.9	rears	
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CERTIFICATION	19a. DATE OF OPERATION 19b	. CONDITION FOR W	HICH OPERATION WAS PERFORA	AED 20a. AUTOPSY? YES NO	2Db. IF YES, WERE FINDINGS (CAUSES OF DEATH? Yes	CONSIDERED IN C	ERTIFYING	
AL	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	ATH HOUR A.M	. Manth Doy Year	21c. HOW INJURY OCCURRED (Ent	ter noture of injury in Part 1 or Port 2,	Item 18.)		
	21d. INJURY OCCURRED 21d While Not while at work	e. PLACE OF INJURY		21f. LOCATION Street ar R.F.D. N		Caunty	Stote	
	22a. I certify that (1) (t saw the deceased causes stated above	hix hospital) at alive an ve, (I) (3026) (did	tended the deceased fr April 2 1960 (didnat) view the bady	om <u>Dec. 28</u> , 196 2, and that in (my) (xwx) ap after death.	pinian death accurred an the d	68 , that ate and haur	(I) (WE) I and fram t	
	22b. SIGNATURE	ictor o	L. Lames, in	DEGREE PHYS.	MED. STAFF Z2c.	DATE SIGNED 4/3/68		
			amos, M.D.		Maryland State Hos			
7	PEMOVAL (Specify)	DATE PRIL5-1		W	23d. LOCATION (City or Town) RANDALLSTON		(Stote)	
24.	FUNERAL DIRECTOR	Sopo	RA die	na d DATE	PR 5 _ 1968 REGISTRAR	5 SIGNATURE	mage	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 36302 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME Middle Last please remave carbon papers. Pages 1 ond 2 I, and in ony event, within 72 hours after death. (Type or print) 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX by III. DAYS lost birth HOURS law requires that the deoth certificate be executed within 24 hours at 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED the ottending physicion and campletely filled in WIDOWED DIVORCED [12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital INDUSTRY Retire during most of working life, even if refired.) merchant 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER Irgin 13b. COUNTY YES 🔯 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (If yes give wor or dates of service) or removol, MYSULI APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) permit. burial, cremotion, Canditions, if any, which gove ; burial-tronsit rise ta immediate cause (a), O FUNERAL DIRECTOR: After this certificate hos been signed by DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t f Health prior to b 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES [NO | 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day 10 P.M. (If either, notify medical examiner) be detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram_ 19 , and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_ pluods causes stated abave, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE r, poge 3 PHYS. DIRECTOR PHYS. May Page 4 may b 22e. ADDRESS PHYSICIAN'S NAME(Type) William Rexrode M. 145 South Prospect D. director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) 23o. BURIAL CREMATION 23b. DATE JEFF. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNAT VR A15 (4) 30M REV. 1/68 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06303 DECEASED-NAME DORY Middle Last 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. THE OD ORE STEVENS APRIL Month 22 Day 968eor the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and natian, ar removal, and in any event, within 72 haurs after déat (Type or print) 10A . 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 2/21/1887 last birtically) MALE WHITE 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) PENNSYLMANIA U.S.A. WASHINGTON WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 12o. USUAL 12b. KINDOFBONIESSO HAGERSTOWN CO. HOSPITAUIng most of CORMENTATION WITH A INDUSTRING 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE MARYLAND 13b. COUNTWASHINGTON HAGERSTOWNS X NO **JEFFERSON** 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Lost STEVENS JOSHUA JUNIOR MARY KATHERINE TRUMPOWER Add HAGERSTOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no unknown) 18-01-1829A MRS. HIVLAND MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) crematian, Conditions, if any, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN AN PART has been d far use as the af Health priar to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medicol exominer) HOUR AM AT HOME, FARM, STREET, FACTORY. 1 21f. LOCATION 21d. INJURY OCCURRED State Dept. 21e. PLACE OF INJURY Street or R.F.D. No. City or Town Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 3-37, 1957, ta eventual that (II) (this haspital) attended the deceased fram 3-37, 1967, ta eventual that in (my) (see) opinion death occurred on the date and haur and fram the directar, page 3 shauld shauld be filed with the S couses stoted obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Town) (County) (Stote) REMBYATED TOWN 4/25/68 HAGERSTOWN MD. REST HAVEN CEM. WASH. 24. FUNERAL DIRECTOR **ADDRESS** REGISTRARIS SIGNATURE VR A15 (4) 30M REV, 1/68

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¥	OF	VITAL	RECORD	s, 301 1	W. PRES	TON STREET,	BALTIMORE,	MARYLAND	212

1	DIVISION OF VITAL RECORDS, 301 W. PRESTO	ON STREET, BALTIMORE, MARY	36304		
	US298 MEDICAL EXAMINER'S (ERTIFICATE OF DEATH		20203	
	1. DECEASED-NAME (Type or Print) William La Roy	Walls	20. DATE KNOWN Month OF ESTI- DEATH MATED #	Doy Yeor 2b. HOUR 7 1960 2 10 N	
	3. SEX	MONTHS DAYS HOURS MIN	2c. DATE PRONOUNCED DEAD Month Doy	Yeor 1962 2 30. MOUR	
	7o. BIRTHPLACE (Stote or foreign		NUNTY OF DEATH Vashington	Me	
7	10. CITY OR TOWN OF DEATH Hagerstown 11. NAME OF HOSPITAL OR INSTITUTION Washington County		OCCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY	
3	13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CII odmission) STATE Maryland 13b. COUNTY Baltimore Jop		13e. STREET AND NUMBER 550 Old Joppa	Road	
	14. FATHER'S NAME First Middle Lost Harry W. Wall	15. MOTHER'S MAIDEN NAME First Carolyn	Middle	Lost	
	16b. SOCIAL SECURITY NO. (If yes give war or dates of service)	Mrs. Sarah R. Wa	ADDRESS		
Harry Street	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), (b) Athur sules for	occlusion.	ark	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH Through d	

	rise to immediate couse (a), stating the underlying couse (b).	CONSEQUENCE OF	ac hear & Dise	are	1.5 yr			
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)							
	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							
	216. TIME OF INJUI PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH	RY Month, Doy, Yeor 19	21c. HOW INJURY OCCURRED (Enter not	ture of injury in Port 1 or Port	Port 2, Item 1B.)			
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A							
	22a. I certify that I took charge of the re-	, and in my opinion						

DIN NAME OF CENTRA GOR REMATORIWN . MD

21229

Loudon Park Cemetery

ADDRESS

DITTO, 111

4-10-1968

Howard H. Hubbard, 4107 Wilkens Ave.

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

25a, ReCD

DATE

ADDRESS(Street, city, town, or county)

. 423d / teleation (City or Town)

Baltimore, Maryland

22b. DATE SIGNED

VR A15ME (5) 10M REV. 1/68 BURIAL, CREMATION REMOVAL (Specify)
BURIAL

24. FUNERAL DIRECTOR

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06305

2b. HOUR

DECEASED-NAME First Middle (Type or print) KATIE REBECCA 4. RACE FEMALE WHITE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARYLAND U.S.A. 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital HAGERSTOWN 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13b. COUNTY

WIDDOWS S. DATE OF BIRTH NOVEMBER 15. B. MARRIED NEVER MARRIED

WIDOWED 7

13c. CITY OR TOWN

HAGERSTOWN

CERTIFICATE OF DEATH

Lost

6. AGE (In years lost birthdoy)

IF LINDER 1 YEAR 1E LINDER 24 HRS MONTHS HOURS

1883 9. COUNTY OF DEATH

20. DATE OF DEATH

12b. KIND OF BUSINESS OR

WASHIN

12o. USUAL OCCUPATION (Kind of work done

during most of working life, even if retired.)

13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER

NO NORTH MITERRALY

Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES?

Lost RIDENOUR 16b. SOCIAL SECURITY NO.

17. INFORMANT

HOSPTTAT

DIVORCED [

YES

1S. MOTHER'S MAIDEN NAME First

ROWLAND

NONE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

MRS. HELEN CHANEY

305 NORTH MULBERRY STREET HAGERSTOWN. MARYLAND BETWEEN ONSET AND OFATH

INDUSTRY

OWN HOME

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a).

stoting the underlying couse

JOHN

DUE TO, OR AS

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY

causes stated above, (1) (xyx) (did) (XXXX) view the body after death.

20o. AUTOPSY? YES X

20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY

4/10/68

saw the deceased alive an analysis of the date and haur and from the

PHYS

ATTENDING

22e ADDRESS

City or Town

County

Stote

21d. INJURY OCCURRED While Not while at work 22a. I certify that (1) (this cospital) attended the deceased from and 9, 19 1, to and 8

21o. ACCIDENT WAS UNDERLYING

DEGREE

X DIRECTOR PHYS

22c. DATE SIGNED APRIL 9. 1968

22d. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

22b. SIGNATURE

23b. DATE

LAWRENCE L. PACKER. JR. M.D. 23c. NAME OF CEMETERY OR CREMATORY

145 W. WASHINGTON ST. HAGERSTOWN. NARYLAN

23d. LOCATION (City or Town)

HAGERSTOWN, WASH.

(Stote)

O FUNERAL DIRECTOR: After this certificate VR A15 (4)

death.

requires that the death certificate be executed within 24 haurs after

uneral 1 and a r death

3. SEX

14. FATHER'S NAME

Yes, no. or unknown)

transit permit. Then please remave carban papers. Pages 1 crematian, ar remaval, and in any event, within 72 hours after

physician and campletely filled in by there en please remave carban papers. Pages

signed by the burial-transit p

burial,

as the prior take has been

af far use

directar, page 3 shauld be detached shauld be filed with the State Dept. af

attending physician.

Page 4 may be retained by the haspital ar

24. FUNERAL DIRECTOR 30M REV. 1/68

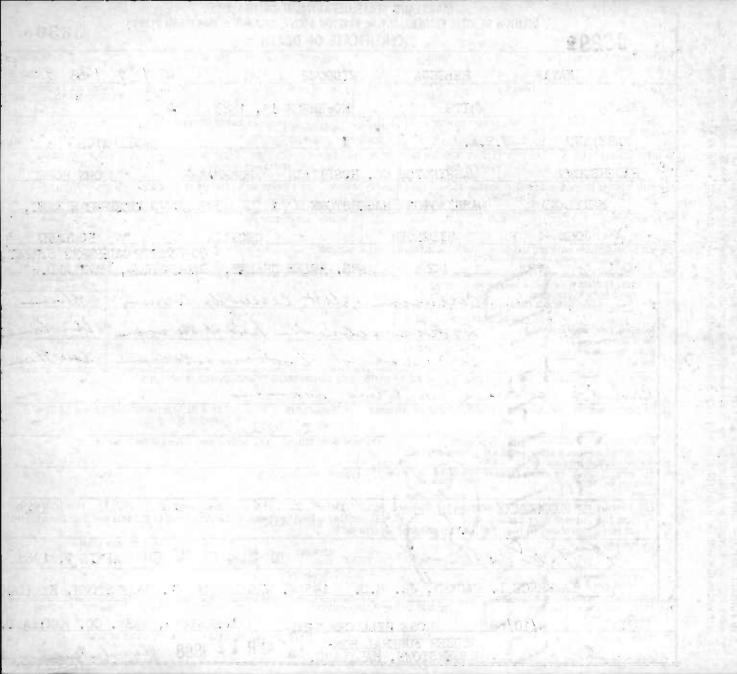
HAGERSTOWN

REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

(County)

CO



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06306 06300 CERTIFICATE OF DEATH Middle Lost DECEASED-NAME 2a. DATE OF DEATH (Type ar print) Wiles Margaret Lee 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years B last birthday) October 27,191 female white 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) Washington WIDOWED X DIVORCED | Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY County Hosp Hagerstown 13p. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 3e. STREET AND NUMBER 13b. COUNTY Hagerstown 213 Summer, St. Md. Wash 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle William D. Rice Fannie Lamp 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or doles of service) 219-20-2876 Mr. Charles E. Wiles Hagerstown, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Canditions, if any, which gave rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🗌 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol examiner) HOUR A.M. (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased fram. , and that in (my) (aur) opinian death accurred on the date and have and fram the saw the deceased alive an_ couses stated above, (1) (we) (did) (did not) view the body after death. 22b. STONATURE 22c. DATE SIGNED **ATTENDING**

director, poge 3 should be filed v 23a. BURIAL, CREMATION,

30M REV. 1/68

10 P

and in ony event, within

cremotion, or removal,

After this certificate has been

be retained by

Poge 4 moy be retained **O FUNERAL DIRECTOR**:

requires that the death certificate be executed within 24 hours

5-2-1968 24. FUNERAL DIRECTOR

John J.

23b. DATE

PHYSICIAN'S

NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

ADDRESS

Donoghue, M.D.

23d. LOCATION (City or Town)

Hagerstown, Md. 2Sb. REGISTRAR'S SIGNATURE

Minnich Funeral Home Hagerstown. Md.

2Sa. REC'D BY REGISTRAR DATE

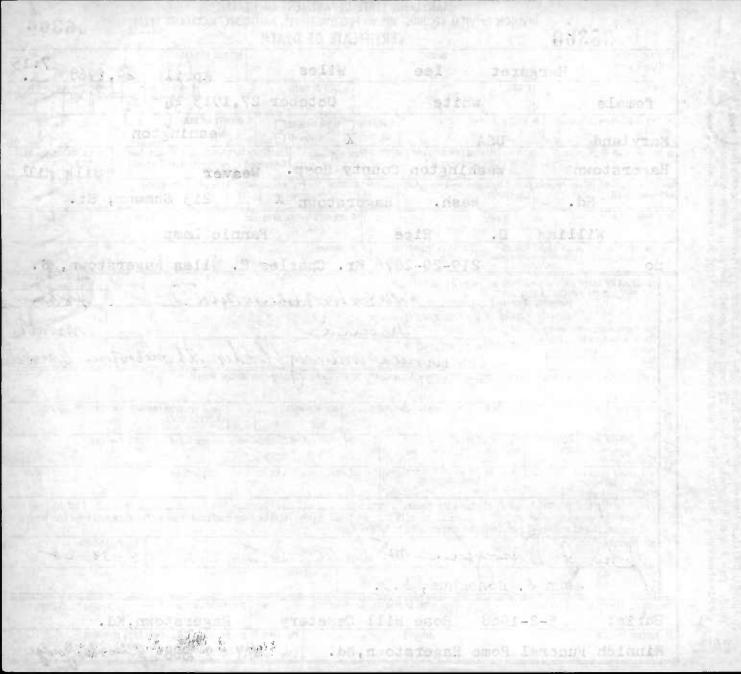
DIRECTOR

22e. ADDRESS

Ocharles

(County)

(State)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	113	0	- 3	
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	0630	DIVISION C	F VITAL RECORDS,		ESTON STREET, BA		E, MARYLAND	21201	0.6	307
	ECEASED-NAME (ype ar print)	BETTIE	COYLE	WO	LF INGER	A A	PRIL Man	h 30 Day	1968	3 A,
3. SE	FEMALE	4. RACE	HITE		10/21/	1921	e. AGE (In yeors thdoy) YRS.	IF UNDER 1 YEAR MONTHS DAY:	
cour	BIRTHPLACE (State or fareintry) MARYLANI	U.S		WIDOWED			WASHIN			M
	TITY OR TOWN OF DEATH HAGERSTOWN	11. giv	NAME OF HOSPITAL OR INS	N CO.	HOS PI TA	mos SE	JPATION (Kind of	work dane Yrre Arel R	CFNAUFRT	
13a. odmi	USUAL RESIDENCE (Where issian) STATEMARY	deceased lived, if institution 13b. COUNTY	tution: Residence before WASHINGTO	N HAGI	TOWN 13d. INSIDE C		13e. STREET AND 1742	NUMBER DUAL	HGWY.	CORP.
14. 1	FATHER'S NAME First THUR	MON CLEVE		Y 15.	MOTHER'S MAIDEN NAM	E First AH	Н		REPS	Last
	was deceased ever in user, national (if	I.S. ARMED FORCES? yes give war or dates of service)	16b. SOCIAL SECURITY	d a	FORMANT RICHARD	C.	WOLFIN	Address P	REDER	MD.
	PART I. DEATH WAS Canditions, if ony, which rise to immediate cous stoting the underlying lost. PART 2. OTHER SIGNIFICA	MMEDIATE CAUSE (a)	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUTING TO DEATH BUT N	ense		OR CONDITIO	ON GIVEN IN PART	1(0)	Dest Trest	Know,
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM			RFORMED	20a. AUTOPSY? YES NO.		2Db. IF YES, WER CAUSES OF DEAT		ONSIDERED IN	CERTIFYING
3	or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year									
MEDI	21d. INJURY OCCURRED While of work of									
	220. I certify that (I) (this hospital) attended the deceased from									
	22b. SIGNATURE	wrll?	rejon-	DEGRE	E ATTENDING PHYS.	MED. DIRECTOR	R STAFF PHYS.	220.	DATE SIGNED	0/68
	22d. PHYSICIAN'S NAME (Type)	RTURO	TRIE	90	22e. ADDRESS	an	tetan	Hay	iensa	on
	BURIAL CREMATION,	23b. DATE 5/2/68	ROSE		CEM.	HA	LOCATION (City of GERSTO	WN WA	SH.	MD •
24.	FUNERAL DIRECTOR	-11-1	ADDRESS	-	2So. REC	P BY REGI	STRAP 10 CE	REGISTRARIS	SIGNATURE	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1' and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 bours after death. VR A15 (4) 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospital or ottending physicion.

